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HAYGARTH, JOHN.

I. A CLINICAL HISTORY OF THE ...
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KINGS COLLEGE LONDON

I. A CLINICAL HISTORY OF THE
ACUTE RHEUMATISM,
Or RHEUMATICK FEVER.

With a CORRESPONDENCE;

CONTAINING THE

*Testimony of eight eminent Physicians in the Metropolis, to explain
the beneficial Effects of the Peruvian Bark, Cinchona,
in the Acute Rheumatism.*

II. A CLINICAL HISTORY OF THE
NODOSITY OF THE JOINTS.

"Όταν τί, διαγνῶς ὅτι ποιητέον ἐςί, ποιῆς, μηδέποτε φύγῃς ὀφθῆναι
πράσσων αὐτό, καὶν ἀλλοῖόν τι οἱ πολλοὶ μέλλωσι περὶ αὐτῆ
ὑπολαμβάνειν. Εἰ μὲν γάρ ἐκ ὀρθῶς ποιεῖς, αὐτὸ τὸ ἔργον φεύγε· εἰ
δὲ ἐκθῶς, τί φοβῇ τὰς ἐπιπλήξοντας ἐκ ἐκθῶς;

EPICETI ENCHEIRIDION, 35.

"Before thy mystic altar, heavenly Truth,
"I kneel in manhood, as I knelt in youth;
"Thus let me kneel, till this dull form decay,
"And life's last shade be brighten'd by thy ray."

SIR WILLIAM JONES.

BY

JOHN HAYGARTH, M. D.

F. R. S. AND F. R. S. EDINB.

AND OF OTHER MEDICAL AND PHILOSOPHICAL SOCIETIES.

A New Edition, with Corrections, and Additions.

PRINTED BY RICHARD CRUTTWELL, ST. JAMES'S-STREET, BATH,
FOR
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1813.

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PREFACE

To the First Edition of 1805.

IN former publications, the Author has attempted to discover some of the most important properties of the poisons which produce variolous, typhous, scarlet, and other infectious Fevers ; in order to determine, on scientifick principles, by facts, and by conclusions deduced from them, according to what laws they are propagated ; and by what means the misery and destruction occasioned by these mortal enemies of mankind might be effectually prevented.*

* As persons unaccustomed to scientifick inquiries generally and very unjustly condemn them, from an opinion that they are useless speculations, it may be proper to state that entirely on this foundation there was established the Small-Pox Society of Chester in 1778, for six years ; the Fever Wards of the Chester Infirmary in 1783, for 29 years ; the House of Recovery

The History of diseases which now solicits the reader's attention is of an humbler kind, and the benefit which may

at Manchester in 1796; and, since that time, at London, Liverpool, Edinburgh, Newcastle, Dublin, Cork, and many other towns. These Institutions will supply such numerous facts as must at length effectually correct the inveterate and pernicious errors which had universally prevailed. They prove beyond all controversy, that the Regulations deduced from these Principles can exterminate the Small-Pox and the Typhous Fever from every place where they are punctually executed. There cannot be a doubt that exactly the same Regulations would immediately exterminate the Pestilential Fever of the West-Indies, America, Spain, &c. They might have entirely prevented the late fatal calamity at Gibraltar. They may preserve us from the imminent danger, to which all Europe is at present exposed, of receiving this pestilential poison from the various regions into which it is widely dispersed. This highly important subject is falsely thought to be exclusively medical: it may be fully comprehended by every person of a clear and philosophical understanding, who will attentively consider it.

See the Tracts i. ii. and iv. noted on the last page of this volume; Dr. Clark's Collection of Papers on Fever Wards at Newcastle; the Reports of the Society for bettering the condition of the Poor, No. xiii.; and Vol. v., App. iii. Proceedings of the Board of Health at Manchester.

be

be expected from it is much more limited. Why Mercury, Antimony, or Bark, are remedies for some diseases; why Ipecacuanha has an emetick, and Jalap a cathartick quality, no theory, nor even any hypothesis, has explained. We cannot discern any farther connection between cause and effect than that the latter follows the former at a certain distance of time, and with a considerable degree of uniformity. However, this circumstance alone cannot hinder the progress of human knowledge. We no more know the reason why an apple falls to the ground by the attraction of gravitation, than why Mercury and Ipecacuanha have certain medicinal qualities. The whole difference lies in the frequency and certainty of events, which ascertain what is the law of nature. Hence may be explained why physicians have been sometimes deceived in regard to the efficacy of medicines

cines which they have recommended, without any just suspicion that they intended to deceive others. When conclusions are formed from solitary or even a few cases, the danger of mistakes may be clearly understood. But the inference is totally different when many examples concur to prove the efficacy of a remedy. It is for this reason that medical facts, when distinctly discovered, become extremely valuable. If many of a similar kind are brought collectively into one view, conclusions may be deduced from them by induction with a probability approaching to certainty.

Physicians at first obey the instructions of their predecessors, which by degrees they learn to correct or confirm by their own observations. Even in the same disease, patients, when compared with each other, have some variety of symptoms, or of constitution. One case
is

is seldom exactly similar to others. In the practice of physick, judgment and discernment are requisite to apply the experience of former to succeeding patients: but remote analogies are seldom required, or warranted. When, therefore, a new method of treating disorders is recommended, a particular explanation will be required, in order to justify a physician who makes any material innovation.

With as close an imitation as possible I at first followed the successful experience of others, and, next my own. However, I have never been devoted to any medical theory, or indeed to any general rule of practice, farther than either was warranted by success. With all possible attention I have constantly observed what remedies or regimen appeared to relieve or aggravate diseases. By diligently and implicitly following the *juvantia*, and carefully avoiding the *lædientia*, independently
of

of every speculative opinion or authority whatever, I have been gradually led to practise what I hope will be found improved methods of treating some diseases. When I observed them to be successful, I gradually deviated more and more from the usual remedies.

Since the commencement of my profession in the year 1767, I have constantly recorded, in the patient's chamber, a full and accurate account of every important symptom, the remedies which were employed, and, when an opportunity offered, the effects which they produced. These clinical cases have been always written in Latin, as being most concise and expeditious, and as best adapted to conceal the complaints, especially female complaints, that are confidentially revealed to a physician. The manner in which these cases are written, was accidentally published many years ago in
the

the “London Medical Observations and
“Inquiries, vol. vi.” It was in the history
of a patient ill of an epidemical influenza,
communicated in a *private* letter to the
present and published by the late Sir
WILLIAM WATSON, M.D. At that time
I was sorry to see the case in print, as
it seemed of too little importance, and
might have too pedantical an appearance
to readers unacquainted with these cir-
cumstances. However, on the present
occasion, it may answer the purpose of
an authentick document, to shew the rea-
der on what kind of evidence the follow-
ing observations are founded. At that
time (in 1774) after I had used this me-
thod of recording these histories for above
seven years, I first received intelligence
from Sir W. WATSON, that our venerable
Friend the late Dr. HEBERDEN had been
long in the habit of writing the cases of
his patients in a method somewhat similar.

But,

But, though both of them were clinical records written in Latin, yet as our plans were separately and independently conceived, our mode of executing them, as might be expected, are different from each other. His reports were noted with much greater brevity than mine; as I have been informed both by the late and the present Dr. HEBERDEN.

In the form of Tables, the most important facts which have occurred during the experience of thirty-five years, (from 1767 to 1801 inclusive) are exhibited at one view, with all the accuracy and fidelity of a single case, if related with equal brevity. However it cannot possibly be expected that every symptom and every remedy of every patient could be noted. But notwithstanding the omissions, many important conclusions may be drawn from the recorded facts. Silence concerning common symptoms
must

must not always imply their absence. Considering the urgency of medical duties, the experienced practitioner will rather be surprised that so many circumstances are expressed, than that some are omitted.

' The seasons and the sexes are always mentioned. A full account of the remedies is commonly given. The antecedent duration of the disease is generally, the age of the patient, the effect of the remedies, and the termination of the disease, are frequently, noted.

The comparative recurrence of symptoms, though not fully, will be impartially exhibited. The important but difficult inquiry, what is the relative efficacy of medicines, will claim great attention. The inductions from the facts which have fallen under my observation, cannot always be conclusive, but they shall always be proposed with truth and candour.

candour. As the original cases are preserved, the facts may be verified, if doubts should at any time be entertained concerning their authenticity.

I fully adopt the following excellent remark of the late Dr. HEBERDEN: ‘ It
‘ is necessary to be upon our guard against
‘ experience itself, when delivered in a
‘ system, the very notion of which seems
‘ to imply, that the facts and observa-
‘ tions are not barely related, but are
‘ arranged into some method, and formed
‘ into one body, dependent upon what
‘ the compiler takes to be their general
‘ cause or nature : and hence arises the
‘ great danger of their being misrep-
‘ sented, in order to make them fit more
‘ exactly the several places which are
‘ assigned them. The Jews were com-
‘ manded “ to build their altar with stone
“ unhewn, and untouched by any tool :”
‘ and, in like manner, the best materials
‘ of

‘ of natural knowledge are the plain facts
‘ themselves, just as they come from na-
‘ ture: he who pretends to new model
‘ them and polish them, in order to their
‘ being adapted more perfectly to his
‘ system, has utterly polluted them, and
‘ made them unfit for the altar of truth.’*

In exact conformity to this judicious observation, the following “Altar of Truth” is constructed with materials taken from nature, unhewn and unpolished. There is no misrepresentation in order to make the facts fit the several places assigned them; every circumstance is accurately and faithfully arranged, from cases written in the patient’s chamber.

From these clinical Records, some addition might be made to the history of all common and some rare diseases; but

* See Dr. HEBERDEN’s Sketch of a Preface designed for the Medical Transactions, published by the College of Physicians in 1767.

the leisure of many years would be required to arrange them in a proper manner. Only two diseases now claim the reader's attention. 1. A history of the *acute Rheumatism*. 2. Of the *Nodosity of the Joints*.

I had intended in this publication to have inserted the clinical Histories, 3. of the *Herpes*, or *scorbutick eruptions*, 4. of *Indigestion*, and 5. of *Hypochondriacism*; because experience seems to have suggested some important improvements in the methods of curing these diseases. But the cases of these three maladies, especially of the two last, are so numerous, that much time will be required to arrange them.* In the mean while, the plan I have formed may receive corrections and amendments, if it be honoured with intelligent and truly candid criticism. No other

* Number of cases of *Herpes*, 271; of *Dyspepsia*, 383; and of *Hypochondriasis*, 914.

can merit notice. Speculative opinions can have no weight, when put into the opposite scale against practical experience.

OF
THE ACUTE RHEUMATISM,
OR
RHEUMATICK FEVER.

PART FIRST.

§. I.

THE term Rheumatism, both in Rheuma-
tism. common and medical language, includes a great variety of disorders, which ought to be distinguished from each other by different names. After separating from it the Sciatica, Lumbago, Tic douloureux, Nodosity of the Joints, and other diseases, which some Nosologists have placed under this denomination, there still remain 470 cases of Rheumatism. This disease is generally classed with fevers, and yet only 170 (about one-third

one-third of them) had any fever. These last are the cases which come under the title of acute Rheumatism, and exclusively form the subject of the following pages. The remaining 300 were cases of chronick Rheumatism.

Among the higher and middle ranks of society I have noted and classed the cases of 10,549 patients, from 1767 to 1801 inclusive.* Others, undoubtedly have been omitted, from the hurry of professional duties, and different causes, but in what proportion cannot be ascertained. However as these omissions were accidental, and as they did not

* There has not yet been leisure to reduce under their proper genera the cases which have occurred since 1801.

I have also written clinical reports of a large number of diseases among persons in the lower ranks of life, being the cases of all my in and out patients at the Chester Infirmary for thirty-one years. Most of them are preserved; but I have not yet had time to execute the laborious task of classing them.

exclude

exclude any particular disorder, except what was very slight or desperate, an impartial view of medical facts is exhibited; whence true conclusions may be drawn by fair induction. Hence it appears that a *sixty-second* part of these cases have been Rheumatick Fevers. In the annexed Tables the clinical histories are accurately and faithfully stated. The medical readers who possess a truly professional spirit of improvement, will find the arrangements of facts the most satisfactory, interesting, and instructive part of these pages. By a comparison of the data with the conclusions, they will have an opportunity thoroughly to examine whether a true foundation be thus laid of practical knowledge.

§. II.

The Rheumatick Fever, in common Described;
 with most others, begins with chilly fits;
 c succeeded

succeeded by increased heat ; frequent pulse ; thirst ; loss of appetite ; and prostration of strength. The symptom peculiar to this disease is an inflammation of the joints ; which often increases to great violence, with swelling, soreness to the touch, and sometimes redness of the skin. It attacks most, if not all the joints of the body in different patients ; often two, three, or more joints at a time, leaving some and going to others in succession, frequently returning again to each of them several times during the disease. The muscles are also affected, but less generally and less severely than the joints. The patient, being unable to find an easy place for the diseased limbs, often remains restless and watchful for many days and nights together. Sweats appear spontaneously, or are easily excited by remedies, frequently to a profuse degree. The urine is, at first, high-coloured,

coloured, and afterwards lets fall a red sediment. The blood is generally covered with an inflammatory crust.

Exposure to coldness or moisture is the chief cause of the acute Rheumatism.

This very formidable and extremely painful disease generally continues for many weeks or months; more or less, according to the magnitude of the malady, and the efficacy of the remedies which are employed to remove it. The consequences of this disorder are often painfully felt for many years. On this subject the testimony of SYDENHAM is of great authority. “*Etenim si minus*” *Rheumatismus* “*non*” “*ad menses tantum sed ad annos etiam*” “*aliquot, immo per omnem adeo vitam*” “*miserum haud infrequenter disrutiat.*”
Sect. vi. cap. v.

§. III.

Usual
Remedies.

The remedies usually employed in the acute Rheumatism are bleeding by the lancet or leeches, blisters, antimony, sudorificks, saline medicines, and the warm bath. The principal purpose of this publication is to recommend the Peruvian Bark, Cinchona, in preference to all other remedies.

§. IV.

1st Table of
the cases ex-
plained.

In order to give an accurate and instructive view of the acute Rheumatism, all the most important information which 170 cases have suggested, is exhibited in the form of a Table of 27 columns.* 1st, Males. iid, Females. iiid, Ages. ivth and vth, Dates of the first visit, and when the disease commenced; in order to dis-

* See TABLE I.

cover the most unhealthy season of the year in regard to this disease. viith, the causes of Rheumatism. viiith, Latent period, which notes the hours or days which had elapsed between the time when the patient was exposed to the cause of the Fever, and the commencement of it. viiith, The diseases which preceded the Rheumatism. ixth, The diseases which accompany it.

In the next seven Columns the Symp- Symptoms
of
Rheumatism toms are described; as, xth, The joints and muscles affected with rheumatick inflammation. xith, Pain and Swelling. xiith, Chills and Sweats. xiiith, Appearance of the Urine. xivth, The Pulse. xvth, the Blood. xvith, Other symptoms not comprehended under the preceding heads.

The next ten Columns contain the Remedies of
Rheumatism remedies which were administered. xviith, The remedies which had been used before

I visited

I visited the patient. xviiith, Bleeding by the lancet; xixth, by leeches. xxth, Sudorificks. xxist, Saline medicines. xxiid, Antimony. xxiiid, Warm Bath. xxivth, The Peruvian Bark given; on what day of the disease; xxvth, on what day after I first visited the patient; xxvith, in what dose and form.* xxviith, The event, of death or recovery.

The following inductions, being founded upon the facts noted in the Tables, may be verified by any one who will take the trouble to arrange them under the following heads.

§. V.

Male and
Female pa-
tients.

More Males were attacked with the acute Rheumatism than Females, in the

* In the first edition there was a column to state what other remedies were used, which were not contained under the preceding heads. But it is now omitted, because they were very miscellaneous, chiefly for occasional symptoms, so as to convey no useful information.

proportion of 99 of the former to 71 of the latter, or nearly as 4 to 3;* probably because men are more exposed to cold and rain than women, and because their food and drink are more inflammatory. On my communicating this observation to a very intelligent physician, (Dr. COGAN,) who had resided for several years at Amsterdam, he made the following remark: ‘ What confirms this idea is that in ‘ Holland the Rheumatism among Females is comparatively seldom; though ‘ the air is extremely moist. They are ‘ much more domesticated than in this ‘ country, and their dress is much warmer.’

§. VI.

The annexed Table† exhibit an accurate statement of the ages of 63 patients in Rheumatism.

* See TABLE I. Columns i. and ii.

† See TABLE I. Column iii. and Table II.

tients

tients affected with the acute Rheumatism. It will from them appear to attack both older and younger persons than what is commonly supposed. Hence we learn that the acute Rheumatism affected all ages from 5 to 72 inclusive; more commonly from 6 to 30, but most frequently from 16 to 20.

§. VII.

At what sea-
son most
Rheumatism

In order to discover at what season of the year this disease was most to be apprehended, I have in the following Tables* noted the dates both of my first visit, and, when mentioned, of the commencement of the Fever.

As far as these facts are conclusive, it is manifest that this Fever is most frequent in the five cold months of December, January, February, March, and April, in which I first visited 84 patients, and 86

† See TABLE I. Columns iv. and v. and TABLE III.

in the other seven warmer months. Out of 150 cases, in which the date of the commencement of the acute Rheumatism is noted, 75 happened in the former, and 75 in the latter, period. It is evident, therefore, that in the cases here recorded the colder were more liable to it than the warmer seasons in the proportion of 7 to 5. But no part of the year is exempt from this malady. It is most common and dangerous in cold countries, but sometimes appears in the warmest.

§. VIII.

It is generally known that the acute Rheumatism, and many other, especially inflammatory, diseases, are occasioned by *catching cold*. For this reason, we cannot be too minute and diligent in our endeavours to investigate the circumstances in which this enemy produces such

Causes of
Rheumatism

such injury to mankind. It should be premised, that *catching cold* is here exclusively applied to the cause of disease, and not to the effect, which is the disease itself. This error is often committed, not only by the vulgar, but by all ranks of society. Thus a person affected with a Coryza, a Cough, and even a Fever, says, "I have a cold." Such equivocal expressions must be carefully excluded from medical language. I was always fully aware of, so as to guard against, such mistakes. But farther, patients often conclude that they have caught a cold, from some unknown cause, judging merely from the effect. I very rarely omitted to inquire the reason why such a cause was suspected, and did not insert it in my notes, unless I thought it probable. In 65 cases,† Rheumatism is ascribed to having caught cold. The following cir-

† See TABLE I. Column v.

cumstances

cumstances are specified in what manner the patient had been exposed to coldness in 23 instances.

Acute Rheumatism is ascribed, 1st, to cold water poured on the head, shoulders, and breast; 2d, to exposure to coldness when in a sweat; 3d, to a damp bed; 4th, to a damp room; 5th, to a damp shirt; 6th, to lying on the ground; 7th, to being wet to skin; 8th, to travelling in a hard frost; 9th, to frost and snow; 10th, to being wet to skin twice; 11th, to a damp house; 12th, to being wet to skin with sleet; 13th, to dancing; 14th, to wading in the river; 15th, to wet feet; 16th, to walking in the fields after dancing; 17th, to being wet; 18th, to change from worsted to cotton stockings; 19th, to exposure to cold air when sweating; 20th, to wading for half a day; 21st, to wet feet; 22d, to a damp bed after dancing; 23d, to sitting in a current
of

of air after walking to excite sweat. It is observable that in 20 out of 23 examples, dampness or moisture is particularly mentioned or implied.

But a fair and accurate proportion of mischief to be apprehended from dry and from moist coldness, may not be exhibited by these facts. Moisture being more clearly and manifestly discoverable, such notices are much more frequently recorded in these clinical cases. Though dry coldness may be much less dangerous than moisture, yet as persons are far oftener exposed to it in the common occurrences of life, and in circumstances which are less suspected, and very difficult to avoid, many more diseases may probably be produced by the former than the latter cause.

Moisture produces coldness from two causes. 1. A liquid conducts heat more quickly than air. 2. It generates coldness

ness by evaporation. Is there some other m^ore morbid quality in moisture than merely the production of cold? Are coldness and moisture more injurious when partial than general? For what length of time must these causes be applied in order to produce disease, when the body is at rest? and how much longer when in action? These periods would vary considerably according to different constitutions. But these interesting questions might be investigated so as to ascertain the law of nature, by accurate reports of both affirmative, and negative, facts, to a very useful degree of precision.

Some ingenious Physicians and Philosophers have doubted whether our ideas of catching cold are well founded. To prove that the common is the true opinion, it appears important to publish such facts as I have witnessed and recorded relative to this disease. They will best discover
whence

whence the danger may be apprehended, and how avoided.

But lest a wrong inference should be deduced from these facts, it will be proper to remark that persons most liable to acute Rheumatism, and other inflammatory diseases, from *catching cold*, are not, on that account, to seclude themselves from fresh nor even cold air. This object is so highly important to the safety of mankind, that the reader will, I hope, excuse an illustration of it by observations upon another disease produced by the same cause. During the whole period of my observations in the Chester Infirmary, I have often wondered how few patients, even out patients, were attacked with the pulmonary Consumption, though a large proportion of them were daily exposed to all inclemencies of the weather. Persons in the middle and higher ranks of life, who dwell in dry and comfortable
houses,

houses, and are but seldom exposed to cold or rain, are much more frequently afflicted with this mortal malady. These facts are recorded in regard to both my Infirmary and private patients; but I have not had leisure to arrange them, so as to determine accurately the proportions of phthisical patients, in each class of people.

However the justness of this conclusion depends upon another important question.

For many years I have been fully aware that the opinion which generally prevails that *Phthisis*, or the pulmonary consumption, proceeds from *Scrophula* is erroneous. We hear of scrophulous constitutions, scrophulous ulcers, &c. with such a general, vague, and indiscriminate signification, as to afford no useful distinction of diseases. For this reason I have been particularly attentive to facts which

which might determine this important question by clinical observations.

To bring this question fairly to an issue, I will quote the description of *Scrophula* in the words of a very intelligent and judicious Surgeon. It perfectly corresponds with the definitions of all the Nosologists. “ *Scrophula* begins with
“ indolent, somewhat hard, colourless
“ tumours; which at first chiefly affect
“ the conglobate glands of the neck, but
“ in process of time, the cellular mem-
“ brane, ligaments of the joints, and even
“ the bones themselves.” He afterwards observes that “ the complaint *always first*
“ shews itself by some affections of the
“ Lymphatic system.” *Bell on Ulcers*, p. 379, 381.

No case ought in my opinion to be denominated Scrophulous, but what exhibits such pathognomonick symptoms.

To determine by observation what connection really exists between *Phthisis*

and *Scrophula*, I have attentively examined, among the clinical cases which I have recorded, how often the same patient was affected with both these diseases.

Out of the 10,549 patients before mentioned; 827 had *Phthisis*, and 71 *Scrophula*. But in so large a number, only *four* had both diseases. Hence it appears that there were 823 cases of *Phthisis* without *Scrophula*, and 67 cases of *Scrophula* without *Phthisis*. May we not hence fairly conclude that these four instances should be ascribed to a casual concurrence, rather than any natural connection whatever between the two diseases?

In 1777, I selected 144 cases of *Phthisis* which had then fallen under my observation, in order to determine various important circumstances relative to that fatal English malady. But after

D

I had

I had made considerable progress in this inquiry, I found the subject too melancholy, and could not assume resolution to proceed in this investigation. Among many other subjects of these researches, I had endeavoured to discover the cause of *Phthisis* in 77 of these patients. Only one single patient had *Scrophula*. But, in 28 instances, it was ascribed to *catching cold*. It may be observed that *Scrophula* must be known whenever it exists, or has existed, from its tangible and visible tumours and ugly scars ; and from the bad character it has obtained in the world. But, on the other hand, *Phthisis* is very often occasioned by *catching cold* in so secret a manner as not to be known nor even suspected by the patients themselves.

It is true that there is some similitude between the *appearance* of tubercles in the lungs in *Phthisis*, and of the inflamed lymphatick glands of the neck in *Scrophula*.

phula. But these tubercles are not inflamed lymphatick glands, nor a disease of the lymphatick system. However, this “*appearance*” may probably have occasioned the erroneous notions which have so generally prevailed in the medical world.

Among patients who are between puberty and old age, when life is in every respect the most valuable, a very large proportion of the fatal cases who solicit medical advice (perhaps in this country even one half) die of Consumptions. From 12 to 50 years old, but chiefly from 15 to 30, were I found the ages of phthysical patients; with very few exceptions below or above that time of life. The most fatal age was 23. . Of the 144 cases, 86 were females and 58 males; being nearly in the proportion of 3 to 2. The peculiar circumstances of the sex will in part account for this difference.

Of these patients *seven* were preceded by amenorrhœa ; *six* commenced during pregnancy, and *ten* after parturition. Let us seriously reflect how melancholy is the loss of a wife at this period of life. It is certainly the greatest of all calamities that disease can occasion in any family. On all these considerations, I would earnestly recommend to English Physicians to discover more accurately that law of nature by which we *catch cold*, in order to avoid the danger.

It is true that, in some instances, *Phthisis* may have been erroneously imputed to *catching cold* ; but in more, many more, this cause has been unnoticed. I am persuaded that, in this country, † in a very large proportion (perhaps even one half) of the consumptive patients, this malady has been caused, or aggravated so as to become mortal, by *catching cold*.

† Phthisis was ascribed to drunkenness in 12 cases ; all men, as might be expected.

To many readers such a minute detail of facts might seem superfluous ; as not only the most intelligent authors, but even people in general, ascribe inflammatory diseases to cold and moisture. The whole of this clinical history is composed of materials taken from nature, and one important purpose it may fulfil will be to confirm opinions maintained by others; and many prevailing opinions undoubtedly require confirmation. However, such illustrations of common opinions by no means hinder the investigation of other questions which may lead to the advancement of medical knowledge.

Drunkenness is assigned as another cause of inflammatory Rheumatism. But as only four cases of this kind are produced, the inference may be doubtful, except perhaps in a secondary way: a person who is intoxicated often rashly exposes himself to catch cold.

The

The only other cause to which this disease is attributed is a strain : a gentleman had fallen off his horse, which occasioned violent pain in the muscles of his side. No rheumatick Fever was produced; nor could the disease be classed with chronick Rheumatism, as it was of short duration. This case (No. 4) and another rather appertaining to Gout than Rheumatism (No. 103) are placed in the Table only with a view to shew the difficulty of classing diseases, and to explain by what gradations they vary from each other. All doubtful cases, except in these two instances, thus introduced by way of illustration, are rejected from the Tables, and form no part of our present inquiry.

§. IX.

Latent pe-
riod after
Cold.

After the curious and instructive experiments of SANCTORIUS on the insensible perspiration,

perspiration, it was long the prevailing hypothesis that cold and moisture occasioned disorders by checking this perspiration. For some time this opinion has been relinquished, without the substitution of one more plausible in its place.

It may reasonably be expected, and it is greatly to be wished, that medical science should be able to reduce this important subject to a rational and true Theory founded upon facts; whence conclusions might be deduced on philosophical principles. But, till this very difficult and desirable point shall be accomplished, it will be of considerable advantage with as much accuracy as possible to determine what are some of the laws by which this great enemy attacks mankind. For some years I have collected facts as opportunity offered, to ascertain what length of time elapses between exposure to coldness and the first symptoms of disease.

disease. This I shall denominate the *latent period*, being analogous to what I have called the latent period of infectious distempers. On this occasion I shall confine myself to investigate what is the latent period of the acute Rheumatism.*

Out of 20 cases, only three exceed the period between 48 and 72 hours. The shortest time noted is half-an-hour; but I believe that the cause and effect are sometimes connected together without any interval of perfect health.

The intelligent reader must be aware that this period can very seldom be ascertained with precision. The exposure to cold is often protracted for some hours. In what part of that time it makes a morbid impression upon the constitution, and becomes the cause of Rheumatism, it might be difficult to discover. No investigation of this point has been hi-

* See TABLE I. Column vii. and TABLE IV.

to be attempted. However, the facts here recorded approximate the truth within such limits as will warrant us to deduce from them very useful information. It is not to be expected that this law of nature should be completely discovered by these few cases so transiently noted. But they may be sufficient to suggest to other observers, as opportunities may occur in practice, how these imperfect hints may be confirmed or corrected. When a rule is proposed, exceptions to it will be more easily and obviously noticed, and I hope recorded.

One useful purpose of determining what is the latent period between exposure to coldness and the subsequent disease, would be to remove all unreasonable apprehensions on this head. Thus it is not uncommon to hear patients ascribe their illness to a cold they had caught several weeks or months before the

the symptoms of any malady were perceived. The facts here stated will be conducive to prove the improbability and injustice of such imputations.

§. X.

Prior
Diseases.

In the history of a disease, it may be of importance to know by what maladies it is usually preceded. In regard to the acute Rheumatism I have noted thirty facts.*

Hence we learn, as far as these cases afford instruction, that persons who have been previously affected with the acute or chronical Rheumatism, the Gout, or sore throat, are most liable to suffer attacks of this disease, and ought therefore to be particularly careful to avoid exposure to coldness and moisture.

* See TABLE I. Column viii. ; and TABLE V.

§. XI.

In order to exhibit another illustration ^{Concomi-} of the nature of this malady, 85 facts are ^{tant diseases} noted, in which the inflammatory Rheumatism is combined with other diseases. These amount to so great a variety as 34 genera, which are classed in Table V. in a nosological order.

In inflammatory Fevers, it is sometimes very difficult to distinguish when Delirium should be denominated a symptom or a separate disease. In the 1st Table there are entered 16 cases of Phrenitis; but, on farther consideration of the symptoms, all these patients, or all but one, (No. 91,) appear to have had the Delirium of a rheumatick Fever rather than a Phrenitis.

Nine cases are attended with miliary eruptions. The intelligent reader will judge for himself whether Miliaria should

be

be classed as a separate disease, or merely as a symptom produced by profuse sweats in the rheumatick Fever. Had the common method of treating this disease by sudorificks been adopted, it is highly probable that many more cases would have been attended with miliary eruptions, which, according to the opinion of DE HAEN, now generally adopted by physicians, appear to be rather a production of art than of nature.

In six cases, Catarrh, and in three a Cough, accompanied this disease. They proceed both from the same cause with Rheumatism, exposure to coldness and moisture; but no theory nor experience has yet taught us what modification of it produces these different diseases.

In many patients there is much difficulty to distinguish whether the disease be Gout or Rheumatism. As before intimated, one such doubtful example is
inserted

inserted in the Table of Cases. But only three instances are noted where the Gout was combined with acute Rheumatism.

Though this Fever be manifestly inflammatory, and in general bears, and is thought to require, blood-letting in a larger quantity than most other diseases, yet the patient is sometimes in a low faint state, even to the degree of swooning. Six cases of Syncope are recorded, and two more where the degree of languor nearly approached to Syncope. Do not such facts merit more attention than they have obtained ?

The symptoms of this Fever have sometimes a daily exacerbation with considerable regularity. In four cases they have assumed the type of a quotidian ague.

A very learned Physician thought that he had discovered a particular connection between Rheumatism and Dysentery.

Six

Six cases of Diarrhœa, and one of Dysentery, have occurred to my observation, as connected with Rheumatism.

Phrenitis vel Delirium ; Catarrhus, Tussis, et Dyspnœa ; Miliaria ; Diarrhœa, et Dysenteria ; Syncope Quotidiana ; et Podagra ; are the Diseases which have most frequently attended the Rheumatick Fever. The remaining 24 genera which have been noted may be esteemed casual concurrences ; as in 5 of these combinations only 2 cases, and in 19 only a single case, are mentionnd.

SYMPTOMS.

§. XII.

Inflamed
Joints and
Muscles.

From the arrangement of Facts in the Vith Table, it is manifest that the acute Rheumatism is chiefly seated in the Joints. Out of 170 cases, 154 are noted, in which one or more joints were inflamed ; the enumerated cases amount
in

in all to 411. No joint is probably exempted from this disease; 15 different joints are particularly specified.

However, it is manifest that this inflammation sometimes attacks the muscles. In 63 cases, both the joints and muscles were affected with the acute Rheumatism at the same time.

In 11 cases, the muscles only, and not the joints, were inflamed. It has attacked 13 muscular parts of the body. The number of instances mentioned amounts to 112.

§. XIII.

Pain is always understood to be a constant symptom of Rheumatism. But of the 179 cases* in the 1st Table there are only 106 in which either Pain or Swelling is especially noted; namely, 75 in which both occur, 25 in which only pain is men-

Pain and
Swelling.

* See TABLE 1st. Column xi.

tioned,

tioned, and 6 in which only swelling; but in these 6, pain must have accompanied the swelling. Such omissions, in a number of patients, by no means imply an absence of usual symptoms. In only 3 cases it is expressed that there was no swelling.

In general, if not always, the swelling and redness must be understood to describe the inflamed state of the joints, but not of the muscles. However it is not intended to be denied that this inflammation may so far affect muscles as to make them swell, and even appear red; but these symptoms, being less evident, and more rare, if they happen at all, are not noticed in the recorded cases.

§. XIV.

Chills and
Sweats.

*Both Chills and Sweats are usual symptoms of the Rheumatick Fever. Of the 170 cases in the 1st Table, there are

* See TABLE Ist. Column xiii.

chills

104 in which one or both symptoms are mentioned; namely in 54 both; in 12, chills only; in 38, sweats only. On this point it is proper to warn the reader, that, regarding sweats as more characteristick of this Fever than chills, I have been more attentive to mark this symptom. For this reason, it is not to be inferred that sweats occur in more cases than chills. Only 4 cases are noted where there was no chill, and four cases where there was no sweat, and four where there was no Fever. But it must be understood that my reports sometimes express only the present situation of the patient; they do not always describe the whole preceding disease. Often, from hurry or other causes, the word Fever or other general expressions have been written instead of particular symptoms. As this has been done without any selection of cases, the induction from recorded symptoms will

E

have



have force as far as warranted by the number of facts.

§. XV.

Urine. One diagnostick mark of the Rheumatick Fever is taken from the appearance of the Urine. At the beginning it has a high colour, but afterwards deposits a copious brownish red sediment, like brick dust. In the Gout there is a similar sediment in some degree; but generally it is in less proportional quantity, and of a deeper red colour, tinging the vessel in which it is contained with a pink stain. In Agues there is likewise a considerable lateritious sediment in the urine, which has a nearer resemblance to what appears in Rheumatism than Gout. Perhaps the profuse sweats which accompany the Ague and Rheumatism, and sometimes the

the Gout, may be one cause of this copious sediment. More of the aqueous and perhaps of some other part of the urine being thus discharged, a larger and probably a different portion of the contents may remain undissolved.

Chemists have discovered, that this red sediment contains the uric acid. If this science could supply an accurate test to discriminate with certainty between Gout, Rheumatism, and Ague, especially the two former, it would be highly valuable: for cases sometimes occur of so doubtful a nature, that a physician cannot always positively determine to which disease they belong. This distinction is very important for the safe treatment and recovery of the patient. Chemistry promises to discover such a decisive test, considering the wonderful ingenuity and zeal with which this useful science is at present prosecuted.

The appearance of the urine is noted in only 31 cases; in 27 its sediment was red. It is not to be understood that these comprehended all the cases where it thus appeared. As I did not find it necessary to wait for this change in the urine before Cinchona was administered, this circumstance has been, for that reason, less frequently noticed. It is so generally known that the urine has usually a lateritious sediment in Rheumatick Fevers, that more attention has been paid to the exceptions. In three of these cases there was no sediment at the time of observation. The black sediment which appeared in one case denotes blood, a circumstance not usually connected with Rheumatism.*

§. XVI.

Out‡ of 105 notations of the Pulse, there are 6 below 72 in a minute; 54

* See Column i. TABLE XIII.

‡ See TABLE I. Column xiv.; and TABLE VII.

(a full half) are from 84 to 107, inclusively; and 30 (two sevenths) from 108 to 126.

§. XVII.

In 31† cases the blood had an inflam- Blood.
 matory crust, which in four was very
 dense. In three patients it had scarcely
 any inflammatory appearance, and in
 two instances none at all. It is noted
 that one patient (No. 134 of the first
 Table) had been bled seven times before
 I saw him. I had an opportunity to
 examine the blood last taken; which
 continued to exhibit an inflammatory
 crust; yet both the Fever and Inflamma-
 tion continued with unabated violence.
 But after these bleedings the Cinchona
 had such a remarkable good effect, that
 it seems proper to insert the case.

† TABLE I. Col. xv.

No. 134. Mr. W. July 13, 1791, having caught cold, has been ill for five, especially for the last two weeks. The joints of his fingers, feet, shoulders, hands, are swelled, red, and painful. Profuse sweats, flatulence; much rumbling in his bowels; in a laxative state; shortness of breath; faintness; tears. P 96.

At first x and soon xx grains of the powder of Bark were taken in mint water every three hours.

July 21. He has taken four pints of the mixture which contained $5\frac{1}{2}$ ounces of Bark in substance, in eight days. As soon as he began the medicine, there was an immediate abatement of the inflammation, flatulence, and langour. In five days his sweats ceased: in six days after he began to take the Bark he was so well recovered as to ride on horseback. No complaint remained, but some pain in one hand and one shoulder.

In

In this case the efficacy of the Bark was very remarkable. Perhaps the frequent blood-letting, which had been previously employed, might be conducive to this purpose. However it is manifest that such copious evacuations from his veins did not cure the rheumatick inflammation, but reduced the patient to extreme languor, debility, and even tears.

§. XVIII.

Other symptoms, not comprehended in the preceding Columns of the Table, Other Symptoms. are few and of little importance. Two cases attended with vomiting are noted, and one where the Rheumatism appeared to be translated to the stomach. But the rarity of such a connection confirms, rather than confutes, Dr. CULLEN's opinion ;

nion ; that the stomach was not affected by Rheumatism, but only by Gout.

REMEDIES.

§. XIX.

Prior
Remedies.

One column of the 1st Table is assigned to contain an account of the remedies which had been employed before I first saw the patient. This intelligence is not generally given; but in the cases which are noted, they appear to have been chiefly blood-letting, tartarised Antimony, antimonial powder, the compound powder of Ipecacuanha, and Cicuta.

§. XX.

Venesection.

In most of the cases of acute Rheumatism* which I had visited before I

* See TABLE I. Column xviii.

received

received the interesting intelligence of the efficacy of the Peruvian Bark in this Fever, blood was taken from the arm by venesection. Even subsequent to the time when this important information was communicated, I did not neglect this powerful remedy ; though I gradually employed it seldomer and in diminished quantities, as the successful use of the Bark increased my confidence in its salutary effects.

‡ For the same reason, leeches were Leeches. much more frequently employed in the former than the latter period of my practice.

† Only 23 cases are noted in which Sudorificks. sudorificks were administered, which were composed of opiates generally combined with antimony, sometimes with Ipecacuanha. The omission of so usual and so important a remedy must

‡ See TABLE I. Col. xix. † See TABLE I. Col. xx. xxi.

be ascribed to the same reason as the neglect of letting blood by the lancet and leeches. Saline medicines were given in 59 cases, as, acetated ammonia, the effervescing draught, and Nitre.

Antimony. § Antimony had been employed not only as a febrifuge and antiphlogistick remedy, but principally with an intention to cleanse the stomach and bowels, as a preparation for the exhibition of the Bark. The Rheumatism was frequently relieved by Antimony, and for some years I waited for this relief by antimony, bleeding, leeches, and saline medicines, before the Bark was administered. But, for a considerable period of time, after sufficient evacuations were obtained, the Bark has been exhibited without any farther delay.

The antimonial Powder has been given in 61, and the tartarised Antimony in 34 cases, being 95 in all.

§ See TABLE I. Column xxii.

The warm Bath was employed in Bath.
 11 cases. It is almost superfluous to remark that this remedy is chiefly useful in the chronical Rheumatism. Dr. FALCONER has published a full and accurate account of its efficacy in this disease, from extensive experience, with great candour and judgment.

§. XXI.

It was before intimated (§. III.) that Cinchona.
 the chief purpose of this clinical History of the acute Rheumatism is to recommend the Peruvian Bark or Cinchona as a remedy for this Fever.

For several years after the period when I commenced the practice of Physick at Chester, that excellent Physician the late Dr. JOHN FOTHERGILL used annually Dr. Fother-
 to retire from the fatigues of his profes- gill.
 sion,

sion, during about two months in summer, to Lea-Hall in Cheshire. In this pleasing rural retreat, I had frequently opportunities to enjoy his very improving and entertaining conversation. He allowed me the very important privilege of stating to him the doubts and difficulties which often perplexed me as a young physician. With a truly liberal and enlightened mind he freely and generously communicated to me his opinion and advice, whenever he was thus consulted.

In one of these friendly visits I solicited his counsel for a patient ill of a Rheumatick Fever. He recommended that the Peruvian Bark should be administered. At this advice I expressed great surprise ; that it was directly contrary to the mode of treatment which I had been taught by the most judicious and learned Authors and Professors ; and that I had always understood

understood the Bark to be highly improper in all inflammatory disorders.

To my objections he made this reply :

‘ When I was a young physician, being
‘ twice called out of my bed to visit patients in a frosty night, I caught a very
‘ severe rheumatick Fever. By the advice of my medical brethren I had been
‘ bled repeatedly and largely, even to
‘ 70 ounces. My disease yet remained
‘ unsubdued, and my blood still exhibited
‘ an inflammatory crust. Hence I was
‘ convinced that the method of curing
‘ this Fever by such copious evacuations
‘ was erroneous. Soon after my recovery, I was desired to visit a patient
‘ ill of an acute Rheumatism. At my
‘ request SIR EDWARD HULSE, at that

Sir Edward
Hulse.

‘ time the most eminent physician in
‘ London, was consulted. He proposed
‘ that we should order the Peruvian
‘ Bark. I gladly agreed to the proposal,

‘ as

‘ as I thought there were several analo-
 ‘ gies between an Ague and a Rheuma-
 ‘ tiek Fever. In both diseases, the urine
 ‘ lets fall a similar lateritious sediment.
 ‘ In intermittent, as well as Rheumatiek
 ‘ Fevers, the blood when let is covered
 ‘ with an inflammatory crust. Both of
 ‘ them are accompanied with profuse
 ‘ sweats. The pain and fever of Rheu-
 ‘ matism have certain periodical, though
 ‘ not quite regular, paroxysms and re-
 ‘ missions.

‘ In this consultation with SIR EDWARD
 ‘ HULSE, the Bark was given with such
 ‘ manifest advantage, that I have ever
 ‘ since adopted the practice in this disease;
 ‘ and recommend it to you in spite of
 ‘ all medical authorities to the contrary.’

To enquire into the origin and pro-
 gress of the practice of giving the Pe-
 ruvian Bark in the acute Rheumatism,
 will be curious and instructive.

In

In Dr. RICHARD MORTON's Treatise Dr. Morton.
on Fevers, the IXth Chapter describes
the Proteiform nature of Agues. After
explaining that the poison of intermit-
tent Fevers was often the cause of he-
micrania and apoplexy, he says,

*'Centies observavi Colicam Ventriculi,
'vel Intestinorum, Pleuridem acutissimam
'et verè spasmodicam, Rheumatismum univer-
'salem, vel particularem, Febrem Scarlati-
'nam, Erysipelatosam cum symptomatis
'Pathognomonicis intensissimis, ab expansione
'explosivâ spirituum hoc veneno nimis irri-
'tatorum, orta fuisse. At ista symptomata
'statis periodis redibant; Urina reddebatur,
'qualis in Febris Intermittentibus appa-
'rere solet: Et has febres, cum vel sponte suâ
'vel arte coactæ larvas deponunt, China-
'chinâ citò semper, et feliciter curare soleo.'*

MORTON, t. i. p. 83.

*'I have an hundred times observed that
'the Colic of the stomach or of the
'intestines,*

‘ intestines, that the acutest spasmodick
‘ Pleurisy, that general or local Rheu-
‘ matism, that Scarlet Erysipelatous
‘ Fevers with the strongest pathognomo-
‘ nick symptoms, were produced by an
‘ explosive expansion of the spirits irri-
‘ tated by this poison. These symptoms
‘ returned at stated periods. The urine
‘ was like what is voided in Intermittents.
‘ These fevers either spontaneously or by
‘ remedies drop their mask ; when I cure
‘ them soon, constantly and happily with
‘ Cinchona.’

The accuracy of this reasoning, and the justness of such ideas, there is no occasion to consider farther than belongs to the present subject. An useful discovery may sometimes result from error. Many passages might be quoted from MORTON, which prove that he freely and successfully exhibited Bark in Rheumatism ; but a few in an abridged form may be

be sufficient to establish the truth of this remark.

‘ Tinctor Pannorum *in vico dicto* White-
 ‘ Cross-street, à frigore sæpiùs suscepto,
 ‘ dolore Rheumatico ferè universali, per
 ‘ omnes artus hinc inde versatili correptus;
 ‘ Ubi præ gradu doloris Spasmodici Deli-
 ‘ quium sæpenumero perpessus, de vitâ despe-
 ‘ rare cæpisset, tandem me advocavit. Cùm
 ‘ autem observassem Urinam profundâ rube-
 ‘ dine tinctam, aëri expositam sedimentum
 ‘ lateritium deposuisse; atque ab adstantibus
 ‘ narratum esset, Dolores statis periodis,
 ‘ singulis scil. vel alternis diebus, augeri
 ‘ solere, atque summâ Ægritudine concomi-
 ‘ tante exacerbari (utut ex Pulsu vel Tem-
 ‘ peramento certa indicia Febris, præ Symp-
 ‘ tomate vehementi, deprehendere haud potu-
 ‘ erim) ritè decrevi Spasmos hosce dolorificos
 ‘ ortum suum duxisse venenato ex Febris
 ‘ Intermittentis Fomite Spiritum animale
 ‘ adè irritante, ut at gradum usque Explo-
 ‘ sionis

' sionis adversus venenum, præsertim in Pa-
 ' roxismo, sese expandere moliretur. Quo-
 ' circa in præsens dolorum levamen 3xii.
 ' sanguinis è brachio illico detrahendas jussi,
 ' atque post intervallum sex horarum Vomi-
 ' torium Antimoniale mitius propinandum;
 ' quo pacto Spasmi derepentè minui cæpérunt:
 ' Ut autem Morbi fundamenta penitus eru-
 ' erem 3j. Corticis cum guttis aliquot Lau-
 ' dani liquidi tertiâ vel quartâ quâque horâ
 ' exhibendas jussi; eo modo subactionem Ve-
 ' neni morbifici moliens, nè Spiritus indè
 ' recens irritati novum Paroxysmum redu-
 ' cèrent. Postquam sesquiunciam Corticis
 ' (qui genuinus eo tempore erat ac Vege-
 ' tus) devorâsset, illico absque quocunque
 ' alio Remedio ministrato, à Febre ac
 ' Spasmiss Rheumaticis liberatus, Urinâ
 ' ac Appetitu derepentè restitutus, revaluit
 ' Æger.' ' Licet post xiv. dies elapsos, quam-
 ' primùm scil. energia Corticis deficere cæpe-
 ' rat, demò recidivatiônem Rheumatismi
 ' perpressus

‘ *perpessus sit, quæ æquè facile Cortice,*
 ‘ *post Phlebotomiam, repetito (nullo alio*
 ‘ *Medicamento exhibito) brevè sanata erat,*
 ‘ *uti iis accidere solet, qui Febris Intermit-*
 ‘ *tentis revirescentiâ afficiuntur.*’ T. i. p. 249.

‘ A Dyer in White-Cross street, having
 ‘ frequently caught cold, was attacked
 ‘ with almost an universal rheumatick
 ‘ pain wandering through all his limbs.
 ‘ After he had frequently fallen into
 ‘ a Syncope, and had begun to de-
 ‘ spair of his life from the violence of
 ‘ the spasmodick pain, at length I was
 ‘ consulted. When I had observed that
 ‘ his urine was of a deep red colour, and
 ‘ on exposure to the air deposited a late-
 ‘ ritious sediment ; and was informed by
 ‘ his attendants that his pains increased
 ‘ at stated periods every day or every
 ‘ other day, and that the exacerbations
 ‘ were accompanied with the greatest
 ‘ anxiety ; I announced that these pain-

‘ful spasms originated from the poison of
‘intermittent Fevers.’ ‘Wherefore I or-
‘dered 12 ounces of blood to be taken
‘from the arm to relieve the present pain;
‘and after an interval of six hours I ordered
‘a gentle antimonial vomit. By these re-
‘medies the spasms soon began to abate.
‘But, that I might perfectly cure the dis-
‘order, I ordered a drachm of Bark with a
‘few drops of Laudanum to be given every
‘three or four hours. By these means
‘I intended to destroy the morbifick poi-
‘son, lest the spirits again irritated should
‘excite a new paroxysm. After he had
‘taken an ounce and a half of fresh good
‘Bark, immediately, without any other
‘remedy, he recovered from the Rheu-
‘matick Fever and spasms. The natural
‘urine and appetite returned, and the
‘patient was restored to health. But in a
‘fortnight, after the energy of the Bark
‘had begun to fail, he again suffered a
‘relapse

‘ relapse of the Rheumatism, which, after
 ‘ venesection, was cured with equal faci-
 ‘ lity by the Bark, without the aid of any
 ‘ other remedy ; as happens to those who
 ‘ are afflicted with the relapse of an in-
 ‘ termittent Fever.’

I was not a little delighted to discover by what traditional authority this practice had been transmitted from one physician to another, as clearly appears in the following history.

In MORTON’S Treatise on Fevers, and the ixth Chapter above quoted, the 20th Case is intituled ‘ An Ague long concealed under the mask of a pain of the
 ‘ breast which was in reality rheumatick.’ The symptoms and remedies of this case are so various that it would be tedious and uninstruative to quote or read them all. He adds,

‘ *Hoc pacto, doctè et argutè delirans,*
 ‘ *quippe falsa principia ponens, et apparenti-*
 ‘ *bus*

‘ *bus Symptomatis deceptus, Ægram, Febre,*
 ‘ *Vigiliis, Deliriis ac dolore penè confectam*
 ‘ *ad Orci fauces duxeram, donec Febre, quo-*
 ‘ *tidianis et statis periodicis Paroxysmis jam*
 ‘ *tandem typum ac genium suum palam pro-*
 ‘ *dente, suspicatus sum Fermentum Febrile*
 ‘ *Venenatum delitescens, et Spiritibus impli-*
 ‘ *citum, Symptomati huic dolorifico admodum*
 ‘ *molesto, ansam præbuisse. Quocirca (an-*
 ‘ *nuente Cl. Collegâ D. D. HULSIO, qui*
 ‘ *mecum in consilium vocatus est) ad nisum*
 ‘ *Spirituum (quem causam esse doloris de-*
 ‘ *prehendi) minuendum, die tertio Aprilis*
 1690, ‘ *Venæsectionem iterum in brachio*
 ‘ *celebrandam jussî; et, ad seminium vene-*
 ‘ *natum delendum, ʒ xij. Cortic. Peruv.*
 ‘ *cum æqualibus partibus Sacchari albi com-*
 ‘ *mixti, partitis vicibus, sc. ʒ ij. quartâ*
 ‘ *quâque horâ exhibendas, et Pannum Wal-*
 ‘ *licum Oleo Palmitis illitum ad partem*
 ‘ *affectam calidè applicandum: Et in Lan-*
 ‘ *guoris relevationem Cochl. iv. vel v. Ju-*
 ‘ *lapii,*

‘ lapii cardiaci *adlibitum* sumenda.’ ‘ *Hisce*
‘ *finitis, die quinto, præter spem amicorum,*
‘ *aut meam, conspexi Ægram ἀπυρετόν, pla-*
‘ *cidè dormientem, bilarem, vegetam, à*
‘ *symptomatis universis, et dolore ipso penè*
‘ *liberatam.*’ T. i. p. 243.

‘ In this manner, learnedly and
‘ shrewdly erring, by trusting to false
‘ principles, and being deceived by ap-
‘ parent symptoms, I had brought my
‘ patient almost to the jaws of death,
‘ being worn down by her fever, watch-
‘ fulness, delirium, and pain; until, the
‘ Fever betraying its type and nature,
‘ by coming every day at stated periods,
‘ I suspected that the lurking febrile
‘ poison was the cause of this most pain-
‘ ful symptom. Wherefore (with the
‘ consent of my celebrated Colleague Dr.
‘ HULSE, who was called into consulta-
‘ tion with me on this case) I ordered
‘ blood again to be taken from her arm
‘ on

‘ on the 3d of April,’ 1690, ‘ to diminish
‘ the violent efforts of the spirits which
‘ I discovered to be the cause of the pain:
‘ and to destroy the febrile poison, xii
‘ drachms of the Peruvian Bark mixed
‘ with an equal quantity of white sugar
‘ were divided into doses of 2 drachms
‘ each, to be taken every four hours;
‘ and a piece of Welsh flannel besmeared
‘ with palm oil was applied warm to the
‘ affected part. A cordial Julep was oc-
‘ casionally given. On the 5th day after
‘ these remedies had been administered,
‘ far beyond the hopes of her friends and
‘ my own I beheld our patient without
‘ Fever, cheerful, lively, sleeping placidly,
‘ nearly quite free from pain and all other
‘ complaints.’

In this manner I discovered, very highly
to my satisfaction, by what traditional
authority, supported by experience, in
spite of the powerful influence of a con-
trary

trary hypothesis, the benefit to be derived from the Peruvian Bark in the acute Rheumatism had been preserved from oblivion. MORTON, HULSE, and FOTHERGILL, were Physicians of uncommon abilities.

It may not be improper to remark that this tradition seems to have had (as might be expected) more influence in London than any other place. Sir JOHN PRINGLE in his Observations on the Diseases of the Army, p. 166, says, ‘ Some
‘ physicians have ventured to give the
‘ Bark in acute Rheumatism (after plentiful bleeding) as soon as a sediment
‘ appeared in the water; though some
‘ degree of Fever remained, and the pains
‘ were still considerable. I have had
‘ some success myself in giving it so early,
‘ but have not seen cases enough to recommend the practice to others.’

§. XXII.

Bark given
for 43 years.

The first case of the rheumatick Fever in which I prescribed the Peruvian Bark, on the recommendation of Dr. FOTHERGILL, appears to have been No. 13, in August 1769, being now (1812) 43 years ago. The favourable opinion which I entertained of this singular practice on such respectable authority, was soon confirmed by my own experience of its efficacy. During the long period of time which has since elapsed, in every case of this Fever which appeared proper for the Bark, it has been administered; at first with great caution, after sufficient evacuations of the blood-vessels, stomach, and bowels. Taught by attentive observation and successful experience, I gradually employed this remedy with more and more freedom; which was attended with still more manifest proofs of its safety and efficacy.

It

It will be proper first explicitly to state all the facts, and then to consider what useful inferences may be fairly deduced from them.

By reference to the first Table the reader will be fully informed what remedies had been employed before the Bark was exhibited. He is to understand as noted in xviii, xix, xx, xxi, xxii, xxiii, Columns, in what cases bleeding by the lancet and leeches, sudorificks, salines, antimony, and the warm Bath, were ordered previous to the administration of the Bark.

Being solicitous to communicate all the information which experience has suggested on this interesting subject, I have stated in one view, 1st, the day of the access of the acute Rheumatism inclusive from the commencement of the disease when the Bark was first exhibited; and, 2d, on what day this medicine

cine was taken, after I first visited the patient.

§. XXIII.

On what
day of the
Fever;

Of the 170 cases in the first Table, in 77 it is noted on what day of the Fever the Bark was given.* In 39 it was in the first fortnight, from the 1st day to the 15th inclusive: in 25 during the next four weeks, being from the 16th to the 43d day. As to the remaining 13, they rather may be reckoned complaints in consequence of the acute Rheumatism, than examples of the disease itself.

§. XXIV.

At what
visit.

In 88 cases it is noted on what day, from my first visit, the Bark was first ordered.† In 45, or one half, it was *ordered* on the day when I first visited the patient. But it must not be understood

* SEC TABLE I. Col. xxv. † Column xxvi.

that

that it was always administered on the first day. The Bark was seldom given before sufficient evacuations by Antimony, &c. had been obtained. This being the direction given to the medical and other attendants, the Bark was seldom taken till the following, and perhaps, in several instances, a later day.

In 10 cases it was ordered on the 2d ; in 13 on the 3d ; and in 17 from the 4th to the 10th day, both inclusive, after my first visit ; in 3 it was ordered later than the 10th day. To all these patients the Bark was generally given on the day it was ordered, as evacuations which were thought sufficient had been previously obtained.

§. XXV.

It will next be proper to state the form and dose, in which the Peruvian Bark was exhibited. These circumstances are
Dose and
form of
Bark.
 fully

fully explained in the 1st table.* Hence it appears that the powder was given in 79 cases, the Decoction in 43, the Infusion in 12, and the Tincture in 19. The dose of the Powder varied from 5 to 60 grains, and the repetition of this quantity from once in 2 to once in 12 hours. But the most common dose was from 10 to 30 grains, and the usual time of repeating it was from every 3 to 8 hours.

The Decoction of Bark was given from the dose of an ounce to an ounce and a half, up to two ounces every 2, 4, 6, or 8 hours.

The Tincture of Bark was ordered in 19 cases, but I believe never till both the Fever and inflammation were gone or much abated.

In several cases, the form in which this medicine was administered is not noted.

* See TABLE I. Column xxvii.

From so many circumstances of similarity between the Ague and the Rheumatick Fevers both as to their symptoms and their remedies, some have supposed them to be the same disease. But, among several, it may be proper and sufficient to notice one manifest difference between them. The poisonous Miasms which exhale from stagnant water are well known to be the chief and probably the only cause of Agues; but not of Rheumatick Fevers. In dry situations, where the soil is not even suspected to be unhealthy, the latter often, but the former never occur.

§. XXVI.

Physicians have observed that the acute Fatal Cases. Rheumatism is seldom, or never, a fatal disease. This remark may be true, while it remains in its proper seat the muscles and joints, and when not combined with other mortal maladies. So far

far the observation is confirmed by my own experience. But out of 170 cases, I have found 12 which had a fatal termination, either by a translation of the inflammation to the brain, lungs, kidneys, stomach, or some other vital part, or as being found in combination with other diseases.

The following Fatal Cases are copied faithfully from my clinical book, with a few omissions of circumstances of less importance. It was my intention to publish the original words; which, though generally written in haste, with brevity, and in very anxious situations, yet to myself record the facts with perspicuity and accuracy. However, they may not appear perspicuous to all readers; and mindful of that excellent admonition of Horace, "*Dum brevis esse laboro obscurus fio*," I have thought it might be better to print an English description of the symptoms.

symptoms. Among other purposes which this communication may serve, it will afford the reader an opportunity to compare some of the facts stated in the Tables, particularly the 1st, with some of the original documents.

FATAL CASES.

1. "A robust man (No. 1.*) employed in country labour had a week before been attacked with a sore throat, for which he had taken a dose of Jalap on the 24th of May. The following day he was seized with a Rheumatick Fever. My first visit was on the 30th, at 9 in the evening. His ankles, wrists, and other joints, were then swelled, painful, and red; his pulse was full and frequent ;

* These numbers refer to the place in the first Table of Cases of Rheumatism.

miliary eruptions, some of them pellucid, on his breast. During the disease, he had two or three times sudden stools; at present flatulence in his bowels, but no Diarrhœa. Eight ounces of blood were taken; it was inflamed. A Julep with Spiritus Mindereri was ordered. At six next morning he was attacked with a violent purging, rattling in his throat, convulsions, and death." This event happened in 9 hours after my first visit.

2. "A young Lady of 16, (No. 17.) who had for ten years been subject to wandering pains, was attacked by a Rheumatick Fever, with pain and swelling of her hands, feet, &c.; shortness of breath; vomiting of food and drink. Pulse 120. I visited her on the 6th day of the Fever. A blister was applied. A mixture was directed of Ess. Ant. $\mathfrak{z}\text{j}$. Tinct. Theb. gtt. 40; of which she took 20 drops every 4 hours. On the 10th day

day of the Fever, and 5th inclusive after I saw her, the swelling of the hands receded; her breath became shorter, with a cough and spitting of blood, which soon terminated fatally." The rheumatick inflammation seems here to have been translated from the joints to the lungs.

In this case venesection was probably employed, though not mentioned. But perhaps the violent vomitings had produced such debility as to discourage any other evacuations.

3. "A man of 18, (No. 24.) liable to convulsions from two years old, and to spasms the last two years, was attacked with chills, heats, sweats, swelled and stiff joints, and delirium. P. 125, and strong. I first saw him on the 4th day of his Fever. He was bled, and took the tartarised antimony. He died of a Phrenitis on the 5th day of the Fever," and

the 2d inclusive after my first, and (as appears) my only visit.

4. " Mrs. —, (No. 68.) Apr. 25. For two years after her Menses ceased, she had suffered head-achs and pain of her limbs. She had been attacked with a cold shaking fit a fortnight ago, ten days ago, and yesterday. Thrush on her tongue and throat. P. 96. Has now pain of her wrists, knees, back. *Infus. et Tinct. Peruv. efferv.* 3 or 4 times a day. *Gargle. Leeches.*

Ap. 29. Pain increased. Leeches to the affected joint gave no relief. *James's Powder gr. iv.* every 4 hours, with *Camph. Julep.*

Ap. 30. *Ant. Powder, gr. vi. h. 6. Julep.*

May 3. Blood not inflamed.* Pain of her wrists, ankles, knees, hips, with swelling, but no redness. Thrush on her

* This blood was taken from the arm, though the order has not been duly entered in my case book.

tongue and throat. P. 108. *Ant. Powder, gr. x. h. 4. and Jul. eff.*

May 7. P. 96. Vomiting and four stools from the Powder with relief. Sore Throat. *Volatile Oil* to the throat. *The antimonial Powder to-morrow.*

May 11. Pain below the left breast, with difficulty of breathing without cough. Pain of limbs diminished. P. 96. Thrush. A fur is generally spread over the inside of the mouth. Blood is discharged with the gargle. *Breathe mephitick air for an hour four times a day. Drink fermenting wort; and take a cordial effervescing Julep.*—She died that evening.”

In this case there is no suspicion that Rheumatism was the cause of death; but the account is instructive, in shewing that the rheumatick Fever may be combined with Typhus and Aphthæ,

Fermenting
Wort.

The *Fermenting Wort* was unfortunately ordered too late in this case; the patient died before it could be prepared. Wort has been frequently given for various disorders since it was recommended by the late Dr. MACBRIDE, in his *Experimental Essays*. In that work on speculative principles, he has suggested more useful improvements in the treatment of Scurvy, and other putrid diseases, than any author of modern, or perhaps any other times. In 1779, my very intelligent friend the late Dr. DOBSON published his *Commentary on Fixed Air*. In this volume, p. 55, he inserted the following communication of mine.

‘ I attribute much good effect to the
 ‘ following method of giving wort in a
 ‘ *fermenting state*. Less than an equal
 ‘ bulk of wort is drawn from the malt;
 ‘ namely, from six pints of malt about
 ‘ five pints of wort. With a pint of this
 ‘ wort

‘ wort, a tea-spoonful of yest is well
‘ mixed; the vessel is covered close, and
‘ placed near the fire. In less than an
‘ hour, it is covered with a white cap of
‘ yest, and is drank in that state. I am
‘ persuaded that the wort is greatly im-
‘ proved by this process. Yest excites in
‘ the wort a vinous fermentation, and co-
‘ pious generation of Fixed Air; without
‘ such addition, it soon spontaneously
‘ changes into an acetous state, by which
‘ very little Fixed Air is evolved.’

The water should not be poured on the malt boiling hot, but when cooled to about 170° ; let it be close covered for two hours, then strain it off, and add the yest.

As this recommendation of fermenting wort has not been so fortunate as to excite the attention of physicians to what appears to be an important object, it may not be improper, on this occasion, to introduce a farther short explanation.

Instead

Instead of quoting the case in Dr. DOBSON'S book, I will translate another in which I found the efficacy of the wort was remarkable.

‘ Mrs. —, aged 45, May 18, 1779,
 ‘ after a fever attended by general pain
 ‘ and a foetid diarrhœa, was attacked with
 ‘ hæmorrhages from the nose, with
 ‘ many black spots on her body, and at
 ‘ the end of her tongue a black vesica-
 ‘ cation. P. 84.

‘ *Julep. alk. et acid. 3ⁱⁱⁱ horis. Respi-*
 ‘ *ratio aeris mephitici e creta et acido*
 ‘ *vitriolico. Cerevisiæ musteæ fermentes-*
 ‘ *centis lbij. quotidie.*”

‘ May 20. Many more black spots,
 ‘ some an inch in diameter, over the
 ‘ whole body, Tongue better, but black
 ‘ at the tip. Large black blisters on the
 ‘ upper gum and lip. But she is better,
 ‘ and the hæmorrhages diminish.

‘ *Julepum*

‘ *Julepum, Respiratio, et Cerevesia, ut*
 ‘ *antea.*

‘ May 23. The blister and blackness
 ‘ of the tongue had disappeared two days
 ‘ ago; it is now of a healthy colour. No
 ‘ tumour of the gum, but it is still livid,
 ‘ and two days ago had frequently dis-
 ‘ charged blood. The spots are diminished,
 ‘ and look brown. For four days she has
 ‘ been gaining strength; for three days
 ‘ her appetite has improved. She has
 ‘ taken four pints of the fermenting wort
 ‘ every day, but seldom the alkaline and
 ‘ acid juleps; has often respired mephi-
 ‘ tick air. Eat flesh meat yesterday and
 ‘ to-day. *Drink a pint of wine in gruel*
 ‘ *daily, the wort, and Julep. efferv.*

‘ May 24. Convalescent. Her tongue
 ‘ and gums are healed. No hæmor-
 ‘ rhage for the last three days. The
 ‘ spots are turning brown, and vanishing.
 ‘ Her appetite, strength, and sleep are
 ‘ restored

‘restored. Has taken the julep regularly, but no wort for two days. *Continue wort, &c.*

‘May 30. Has taken the wort regularly, but no other medicine for a week. ‘No spots remain, but on her arms. ‘Good appetite. Increasing strength. ‘She soon recovered perfect health.’

That a patient in such a very dangerous and almost desperate putrid disease, denoted by so many unequivocal proofs of a dissolved state of blood, should in three, and still more in six days, shew distinct proofs of recovery, and in six days more, should be restored nearly to perfect health, (though the remedy was accidentally omitted for two days,) are extraordinary facts. On this account I have desired Dr. FALCONER, and other medical friends, to compare this account with the original Latin, written and bound into a volume 25 years ago, without the remotest

most expectation that it would ever be published.

But, as I have before explained the danger of drawing medical conclusions from solitary or even from a few cases, it will be proper to add, that in 1777 this improved method of giving Wort in a *fermenting* state occurred to me, and that I have for 35 years ordered it in all putrid diseases, and uniformly with more salutary effects than any other medicine. In this form, the *yest** is copiously drank at the time it is generating, and while it still remains mixed with the new wort. Sometimes a part of the white cap of *yest* on the surface is added to the wort, and drank in it.

In *Aphthæ*, and *putrid ulcers of the mouth*, I have long employed, and with the most manifest benefit, the *fermenting wort* as a gargle, sometimes alone, more

* Yest has lately been recommended to the publick as a newly-discovered medicine.

frequently

frequently with a considerable admixture of *yeast*; and often mere *yeast* has been applied to the diseased part.

By analogy, I have been induced to use *fermenting wort* and *yeast* for *Scurvy in the gums*, with success; but my experience of its utility in this disorder is much more limited than in ulcers and aphthæ, as the thought has but lately occurred to me.

A full persuasion of the superior efficacy of this remedy for putrid diseases, so dangerous in their immediate and remote consequences, will be, it may be hoped, a sufficient apology for the irregular manner in which the subject is here introduced.

7. “ Aug. 2. A man 25 years of age, (No. 75.) much addicted to luxury and drunkenness, had been ill for a fortnight before he was attacked with a Rheumatic Fever. On the second day of it he
had

had chills and heats; no sweat; pain, swelling, and redness of his ankles, knees, &c.; reachings to vomit; spasms of the stomach. P. 72—96. *Mixt. camph. cum Tart. emet. gr. $\frac{1}{4}$ h. 4.*

“Aug. 3. No relief. Pain and spasms of the stomach; hands, tongue, &c. trembles; thirst; yellow fur on his tongue; no inflammation of his ankles, and but little of his hands and knees. P. 84. *Haust. ætheris 3j Spir. nitr. dul. 3fs. mixt. camph. 3x. h. 4.*

“Aug. 4. Violent delirium. *Apply ten leeches to his temples. Haust. Camph. gr. vij. Nitr. gr. xx. h. 4. Shave his head, and let it be frequently washed with vinegar.*

“Aug. 5. A diarrhœa. *Rhab. p. gr. vij. cum Ipec. gr. iij.*

“Aug. 8. Ten stools; memory nearly restored; many pellucid miliary eruptions on his breast, arms, and face. He died this evening.”

This

This patient seems not to have been bled from the arm; probably because, though a young man, his strength had been exhausted by drunkenness; his state of extreme debility being denoted by a trembling tongue, hands, &c. and by the yellow fur on his tongue; and because the inflammation had receded from the joints. The Rheumatism was complicated with *Phrenitis*, *Miliaria*, *Diarrhæa*, and *Gastrodynia*.

No Bark was given in this fatal case; the stomach and bowels were so much disordered, that it seemed improbable such a medicine would agree with them.

No sweat was observed on the second day; but though no farther notice is taken of this ordinary symptom, yet we must not conclude that it did not appear, especially as it is the usual concomitant or cause of miliary eruptions.

8. " Mrs. K—, (No. 81.) aged 29. Feb. 1. A fortnight after a tedious labour, and on the fifth day of a Rheumatick Fever, but on the third day after the Rheumatick swellings had receded from the joints, was my only visit to this patient, who resided twelve miles from Chester. Ever since her delivery she has heard a noise like bells, with head-ach. Her *Lochia* were profuse for a short time, and fœtid. She had wandering rheumatick pains before and ever since her lying-in. Sweats: P. 96—86. No sleep but from opium. Pain and lameness of her right hip ever since her delivery. A copious sediment in her urine. Her wrists were swelled two days ago. Wandering words in her dreams. *Leeches to her temples. Pulv. Jac. ant. gr. iij. cum Haust. salin. 6^{ti}s horis. ad movendum sudorem, vomitum vel dejectionem. Dein Haust. Dec. Peruv. ʒiſs Pulv.*

*Pulv. Peruv. ʒj. Salis tart. gr. xv. in efferv.
cum Succo limon. ʒiij.*

Feb. 3. (by letter.) “Fever increased for two days. P. 110. Delirious. No rheumatick pain; damp skin; many stools. Had taken the James’s powder and saline draughts” only, but no bark.
“Feb. 4. She died.”

9. “R. C. esq; Jan. 12, 1784, a vigorous young gentleman, (No. 91.) after having repeatedly caught cold, was attacked by the acute Rheumatism.” His residence was 25 miles from Chester. “I only saw him on the 9th day of the Fever and next morning. At first he had chills. His joints were swelled; a general pain; lassitude; perpetual jactitation; P. 110—120; thirst; furred tongue; much flatulence; blood let to 16 ounces, had a dense inflammatory crust. *Take 16 ounces more blood* (it was much inflamed.) *Take ten grains of James’s Antimonial Powder*

Powder every 6 hours and the camphor Julep, with a saline effervescing addition. Drink imperial and other small liquids plentifully.

“ Jan. 13. Symptoms relieved. Only sleeps for ten minutes at a time ; P. 96—90. Pain in his wrists, ankles, knees, right hip ; no sweat ; no sediment in the urine ; jactitation. *Pulv. antimonialis Jac. gr. x. h. 6. cum Haust. e Mixt. Camph. et Spir. Mind.*

“ Jan. 14. (By letter.) From the antimonial powder he vomited thrice, and had 4 stools. Short sleeps. Delirious, “ spits all about the bed, and whistles ;” skin moist this morning ; yesterday evening no rheumatick pain ; now pain and swelling of his right hand. P. 120—112. He died ;” but the time is not noted.

Only 32 ounces of blood are mentioned to have been taken from his arm ; but from various circumstances I am con-

H

vinced

vinced that orders for future venesections were provisionally given, which there is no doubt were punctually executed by an intelligent Surgeon-Apothecary who attended him. "Perpetual jactitation" generally proceeds from anxiety about the præcordia, and denotes great danger. No Bark was ordered, nor is it probable that it would have saved the patient's life. Besides, at that time, 28 years ago, I never administered this remedy till proper evacuations had produced a considerable abatement of the more violent symptoms.

8. "During the last 12 years, Mr. W. (No. 103.) had been attacked with four Paroxysms of Gout or Rheumatism, occasioned by habits of intoxication or by catching cold. At my only visit he had been ill of such a Paroxysm for a fortnight. Four days after the commencement of these pains he had been wet with rain on Traeth-Mawr; and, in
that

that state, had travelled a long journey. Frequent sickness. P. 120. Often delirious; debility; a little pain of his hands and feet; voids little urine. *R. Ætheris nitr. Spir. Nitr. Dulc. a ʒij. Aquæ Menthæ ʒiiiss. Conf. Card. ʒj. M. Capiat ʒj h. 4. Deinde Dec. et Tinct. Peruv. h. 4.* He died" soon; probably before any medicine, certainly before the Bark, was taken.

In classing these clinical cases, as the medical reader will be aware, doubts have occurred whether the disease should be denominated Gout or Rheumatism, the symptoms being sometimes equivocal. Though I have inserted this case as an example of Rheumatism, yet it was more probably the Gout. The patient had long lived freely as the landlord of the principal inn at Wrexham. Traeth-Mawr, where he was exposed to rain, is in Merionethshire; whence he immediately returned home, not less than 50

miles, probably in his wet clothes. These circumstances sufficiently explain why the event was fatal, if the disease was the acute Rheumatism; and still more clearly, if the Gout.

9. “ Dec. 23, 1786. My only visit to W. B. esq; (No. 108.) was on the 11th day after he had broken the fibula of his leg, (when he was exposed to catch cold,) and on the 7th day of a Rheumatiek Fever. He had felt chills, heats, pain in his loins, knee, foot, shoulders, arms, but chiefly of the joints of his thumbs and big toes. Delirious; profuse sweats for 50 hours; great thirst; white tongue; so languid as nearly to faint into a swoon; the pained joints are scarcely swelled. *Haust. Dec. Peruv. ʒj. Spir. vol. Arom. Gutt. xx. statim. Deinde Haust. Dec. Peruv. ʒiſs. cum Camph. gr. iij. hor. 2^{da}, forsan cum Pulv. Cort. Peruv. gr. x. Haust. e Tinct. Theb. gutt. xx. Spir. Mind*

Vin. Antim. &c. horâ somni. Redeuntibus dolore et febre, Antim. Jac. gr. v. hor. 6. cum Mixt. Camph. et Spir. Mind. Venienti nauseâ, Haust. efferv. et Colomb. Pulv. gr. x.

“ Dec. 29. He died.”

This gentleman lived at Whitchurch, 20 miles from Chester. For 6 days I received no intelligence of him; whence I had reason to think that during that time he had proceeded prosperously. On the fatal change, I was again desired to attend him, but was stopped in about an hour by another messenger. These circumstances are mentioned to shew that the Bark (if he took it at all) had not disagreed; otherwise, I well know, both from the character of my patient, and of the Surgeon who attended him, that I should have received immediate notice. His death was sudden and *unexpected*, but the symptoms are not noted.

10. “ Mr.

10. " Mr. C. (No. 125.) Dec. 25, for 3 months, particularly for 3 weeks, had pain in his feet, hands, back, hips; no swelling of his joints; no sweat; headaches; thirst; want of appetite; costiveness; P. 100. So languid yesterday and to-day as nearly to faint into a swoon; for two days has voided little urine; habitual drunkenness. *Pil. Arom. gr. x. alvo astr. & Dec. Peruv. ʒvss. Tinct. Guai. col. ʒijss. Pulv. Per. ʒij. M. ʒj. hor. 4.*

" Dec. 29. For 12 hours attempts to make water without effect. *Enema Tereb. Venet. ʒvj. &c. Spir. Æth. Nitr. in Mixt. Peruv.*

" Dec. 30. *& Spir. Æth. Nitr. ʒijss. Bals. copiab. ʒss. M. ʒij in Mixt. Peruv.*

" Jan 1, 1790. Voids little urine and with difficulty. *& Dec. Per. ʒv. Spir. Æth. Nitr. ʒijss. Spir. Junip. ʒij. M. ʒj. hor. 3. If the urine be again suppressed, repeat*

repeat the turpentine clyster ; and if needful, give an anodyne clyster. He died."

In this case, Rheumatism did not appear to be the cause of the fatal event, but the suppression or deficient secretion of urine proceeding from habitual drunkenness. It is doubtful how far these two disorders were connected with each other. There is not the least reason to suspect that the Bark disagreed with this patient.

11. " Mr. B. (No. 133.) March 4, having caught cold by wading in a river, had in three days afterwards two shaking fits, followed by pain of the joints, and profuse sweats. *Pulv. Ant. Jac. gr. v. hor. 5. cum Mixt. Camph. ʒj.*

" March 10. Cough relieved. Pain in his head, breast, and limbs. *Cinchonæ Pulv. gr. x. in Aq. Menth. hor. 3.*

" March 12. Better. *Cinch. ʒj. hor. 3.*

" March 15.

“ March 15. Yesterday was delirious; low spirits; a looseness. *R. Tinct. Cinnamomi ʒj. opii ʒss. Capiat ʒj. in Mixt. Peruv.*

“ March 16. Delirious; so languid as nearly to faint into a swoon; diarrhœa. *R. Mixt. camph. ʒviij. Pulv. cret. comp. cum opio gr. xv. Tinct. c. kino ʒj. M. hor. 3. Capitis rasura. Vesic, nuchæ.*

“ March 17. Died.”

This patient had *Phrenitis* and *Diarrhœa*, both of them probably connected with acute Rheumatism. In this case, though not noted, it is highly probable that blood was taken by the lancet and leeches frequently, as the Rheumatick Fever was accompanied by a cough, mentioned in the second, though not the first report. Such omissions in the narrative the reader will understand and excuse from the hurry in which it was written, and without any intention of publication,

It

It is presumed that the information which these Fatal Cases communicate will warrant the following conclusions: 1st, That seven* fatal cases were combined with Phrenitis or Delirium: 2d, That three† cases terminated with a sudden and violent Diarrhœa; two of them combined with Phrenitis, and the third with convulsions: 3d, That in one‡ case, when the pain and swelling receded from the joints, the patient was attacked with shortness of breath, cough, and spitting of blood; which soon terminated fatally: 4th, That in three§ of the fatal cases two of the patients were so faint and languid that they were apprehensive of falling into, and the 3d had, a Syncope: 5th, That in two|| cases miliary eruptions accompanied the Rheumatism:

* Cases No. 12, 24, 75, 81, 91, 103, 133.

† Cases No. 1, 75, 133.

‡ Case No. 17.

§ No. 108, 125, 133.

|| No. 1, 75.

6th, That in one† there was a suppression of urine: and 7th, That one‡ was combined with a Typhous Fever, and aphthæ on the tongue and throat.

§. XXVII.

Difficult
Cases.

Having in this manner attentively examined, and I hope fairly determined, the interesting question whether the Bark had done mischief in any of the fatal cases which have occurred in my practice; it will in the next place be of great importance to inquire what difficulties were experienced in other cases where its beneficial effects were most doubtful.

For several years, my usual method of treating the acute Rheumatism has been to give either the tartarised Antimony frequently with soluble Tartâr; or Anti-

† No. 125.

‡ No. 68.

monial Powder, generally the latter, till the stomach and bowels are sufficiently cleansed. Without waiting for any other evacuation, or abatement either of the inflammation or the Fever, I order the Bark; at first in small doses, and, if they succeeded, gradually in larger. But if the Bark in any respect disagreed, or even if it do not produce manifest relief of the symptoms, the Bark was always suspended, and the Antimony again repeated till it produced sufficient evacuations. After the stomach and bowels have been well cleansed a second time, the Bark was administered again in like manner, at first sparingly and then more freely. But it was never continued longer, nor in a larger quantity, than what perfectly agreed with the stomach, the Fever, and so as not to aggravate the rheumatick inflammation. If doubts occurred on any of these points, recourse has been
had

had to bleeding by the lancet or leeches, or both, and to more evacuations by Antimony. In such cases the Bark is not again employed till the inflammatory symptoms are abated.

After a very accurate re-examination of all the cases of acute Rheumatism, I can only discover five in which the Bark did not produce manifest salutary effects on its first exhibition, and even in four of these patients it was of service after proper evacuations by the lancet, leeches, and Antimony. In order thoroughly to investigate this interesting question, I will here give a succinct account of these most unfavourable cases; that the whole evidence may be submitted to the impartial judgment of the medical reader.

The 1st untoward case* was of a young Lady, who together with all the usual

* See TABLE I. No. 150.

symptoms

symptoms of a rheumatick Fever had been attacked with vomiting and purging, a few days before I saw her. By these complaints she was reduced to a very debilitated state. For this reason, and because she had previously taken JAMES's antimonial Powder, (it is not said with what effect,) I did not order any Antimony before the Bark was administered. Three days after she began to take it, I received a favourable report of its effects in abating the pain, increasing the appetite, and relieving the sickness. A week later there was a farther diminution of pain, but an increase of fever and loss of appetite. These circumstances occasioned doubts, and therefore (as was always my rule) the Bark was omitted. I ordered Blood to be let, which gave much relief to the Fever and pain; and then antimonials and the effervescing camphorated Draughts, which produced,

produced salutary effects. By these remedies her symptoms were much relieved; when the Bark was again taken, and continued till perfect health was recovered.

The reason why Bark was taken with less uninterrupted success by this than by most of my other patients in the acute Rheumatism, appears to have been that her stomach and bowels were not sufficiently cleansed before it was exhibited. If she had been freely vomited and purged with Antimony, and perhaps also bled, before she took the Bark, it seems probable that her recovery would have been more speedy and perfect. My patient was situated 27 miles from Chester, and I only visited her twice; otherwise proper evacuations might have been earlier employed, and her recovery sooner accomplished. But, even in this unfavourable case, she was restored to a convalescent
state

state in a month. A patient ill of a bad rheumatick Fever is seldom so far recovered by the usual remedies of the lancet, leeches, sudorificks, &c. in so short a period of time.

The 2d unfavourable Case* was a young man of 22, who had previously been twice attacked by the rheumatick Fever; the first time 9 months ago, for a fortnight; the second time 6 months before I saw him, which continued for 6 weeks. Having caught cold by wet feet, he had again been seized with the acute Rheumatism. My first visit was on the 10th day of the Fever. After plentiful evacuations by Antimony, the powder of Bark was taken for a week without affording any relief. He was then bled repeatedly, and the antimonial powders, with saline camphorated draughts and squills, (as he had a cough combined with the Rheumatism,) were given for

* TABLE I. No. 159.

four days. After these evacuations the Bark was again taken till he recovered.

This third fit of acute Rheumatism which he had suffered in 9 months continued for seven weeks, being $5\frac{1}{2}$ weeks after my first vssit. In so young a man, a rheumatick Fever occasioned so manifestly from having caught cold might probably have received more speedy relief by taking more blood, and sooner by the lancet. However as the 2d rheumatick Fever was longer than the 1st in the proportion of 6 to 2, there was reason to apprehend that the 3d attack might have been of longer duration than it proved to be. His recovery from the first relapse was very imperfect; he had rheumatick pains which continued all the summer. It is not reported how perfect was his recovery after taking the Bark, which was again ordered when he was in a convalescent state.

The

The 3d Case* in which the Bark was given with less than usual advantage was a patient who had been afflicted with this disease before I saw him, for five months. The swellings of the joints were gone, but much pain and stiffness remained in them. The warm Bath, pumping, and leeches, were ordered; and afterwards the Bark. When this medicine had been taken without advantage for a week, it was omitted. Bathing and antimonials were ordered; and afterwards blood was let, which appeared inflamed. From these remedies he found relief, in about a week; when Bark was again administered till his health was restored.

In this case bleeding and Antimony were of manifest service, and the Bark succeeded better after these evacuations.

* No. 168.

The reason why these antiphlogistick remedies were delayed appears to have been, because the patient had been extremely debilitated and emaciated by a tedious disease. On this account, leeches only were at first directed, till a fresh accession of Fever required blood to be taken from the arm. Even in this case, though the Bark was taken with less benefit than usual, yet there is no reason to suspect that it did harm even when first exhibited, and after the evacuations it was of manifest service. The patient was in a convalescent state in 23 days, though he had been very ill for 5 months previous to my first visit. The cases in which I have found the Bark to produce the most salutary effects were in the inflammatory state of the rheumatick Fever: but in this patient the swelling of the joints had previously subsided.

The

The 4th patient* who took Bark without the usual benefit, had suffered two attacks of acute Rheumatism several years ago. In the present disease he had been affected with great pain of his limbs, shoulders, hips, &c. for $5\frac{1}{2}$ weeks; sweats; and symptoms of gravel.

He used the warm and vapour Baths, &c. and Bark in various forms for a fortnight without much benefit. Mercury was then ordered. In 8 days he took Hydrargyri muriati gr. iv. and in the 7 succeeding days 28 grains of Calomel: he had bathed eleven times at 96°, and four times in the vapour Bath. His gums were swelled red, his breath foetid. The Calomel was taken at gr. iv. a day for two days longer, in all gr. 36; and then finally omitted on account of a salivation which continued at a pint a day for 3 days, and then gradually

* TABLE I. No. 169.

abated. After the commencement of the mercurial course, the rheumatick pains began to be remarkably relieved in 7, and particularly so in 10 days. His health was gradually and perfectly recovered.

On this occasion, I am very happy to offer my testimony in confirmation of the practice recommended by my very respectable friend Dr. CLARK, of Newcastle. He has published the most convincing proofs of the salutary power of Mercury in Rheumatism.* In the case above related its salutary effects were very remarkable: the disease was soon and completely cured, and the patient has ever since enjoyed good health.

The fifth and last difficult case. "No. 170. Mrs. M. March 28, being the 4th day of a rheumatick Fever, had suffered chills, burnings, profuse

* See CLARK on the diseases of hot climates. Chap. ix. sweats,

sweats, violent pain of the shoulders, back, elbows, feet, thigh, knee, hips; great thirst; very restless days and nights. She took the Antimonial Powder; which produced copious evacuations of her stomach and bowels, but without relief of the Fever or inflammation.

March 29. Bark in powder gr. x. was given every 3 hours.

March 30. The pain of the shoulders remained, but it was diminished in the lower extremities; less sweat. The Bark feels grateful. A cough. On account of this symptom, the Bark was omitted and the Antimonial Powders repeated, on March 30, 31, April 1 and 2, without producing any abatement of the pains, swellings, or fever. I endeavoured repeatedly to persuade this patient to lose blood by the lancet, chiefly on account of her cough, but could not overcome her prejudices

prejudices on this point. She was extremely averse to the operation, and her faint debilitated state gave her apprehensions that she could not bear such an evacuation.

April 3. The Bark was again taken in powder gr. x. every 4 hours ;

April 4th, every 3 hours.

April 6. A remarkable abatement of all the symptoms, except the inflammation of the left hand. The Bark was increased to gr. xv. every 3 hours ;

April 8, to gr. xxii. every 3 hours.

April 10. The pains, swellings, and sweats are much diminished. An ounce and half of the Decoction and 20 grains of the powder of Bark were then given every 3 hours. During this course effervescing draughts, and occasionally with Anodynes, were administered, to alleviate the Fever and watchful nights.

April 12. Seldom coughs. Convalescent. Continue Bark.

In

In 14 days (April 3 to 17,) though the patient in that period thought her pains and fever several times aggravated by catching cold, she was restored to perfect recovery from Rheumatism, which had reduced her to the wretched state above described. I never witnessed a more distressing case of this painful malady where the inflammation remained in its usual seat, the joints and muscles, and was not translated upon any of the vital organs. By continuing this remedy, her appetite, strength, and sleep returned. She soon recovered good health.

This case is related not as an instance where the Bark disagreed, or did not afford speedy relief. Its exhibition was suspended for a few days, because the Rheumatism was combined with another disease, a cough, which occasioned some doubts whether that might be aggravated
by

by this medicine. But an account of this patient is stated, because the time required to cure one of the worst rheumatick Fevers by the Bark is accurately noted, that is, two weeks; reckoning the time during which this remedy was regularly administered; or 3 weeks including the week, when, except one day, it had been omitted.

After this rigid scrutiny, it clearly appears that the Peruvian Bark did no injury in any even of these 5 least favourable cases; it aggravated neither pain nor fever. On the contrary, in 4 of them, after proper evacuations, it proved salutary, and promoted the patient's recovery.

§. XXVIII.

As the principal purpose of this History is to ascertain how far the Peruvian Bark is a safe and salutary remedy in the acute Rheumatism, I am solicitous to inquire, with all possible accuracy and impartiality, whether the fatal Cases here related can justly excite any doubt relative to this question. Only 4§ out of 11 patients who died of this disease had taken the Bark.

Did Bark
do harm?

No. 68 did not die of Rheumatism, but of a Typhous Fever with aphthæ on her tongue and throat. She only took the Bark for four days, and had ceased to use it for 13 days before her death; not because it disagreed, but because it had no salutary effect.

In No. 125 a suppression of urine was plainly the cause of death. How far

§ No. 68, 108, 125, 133.

this

this disease might be connected with Rheumatism seemed very doubtful; they were most probably independent disorders. He had brought them on by habitual drunkenness with spirits.

It is of importance to remark, that neither in this nor the two other fatal cases (No. 108. 133.) was there any inflammatory swelling of the joints when the Bark was given. Again, all these three patients were in such a state of extreme debility and languor as to apprehend or suffer a Syncope. With such symptoms no physician would expect any mischievous effects from the Bark. In these circumstances it was manifestly preferable to all other remedies, tho' it had not sufficient power to save their lives. According to the prevailing medical ideas on this subject, the greatest mischief should be apprehended from this remedy where the Fever was high and the inflammation violent.

violent. On the whole, after the most rigid scrutiny, it is manifest there is not the slightest probability in any of the four fatal cases, that the Bark had disagreed or aggravated a single symptom. The written testimony is fully decisive upon this point, and in medical researches clearly evinces the great superiority of proofs supported by extensive experience to any founded upon theories however ingenious, or analogies however plausible.

§. XXIX.

CONCLUSION.

I had assigned a Column in the 1st Table to ascertain the time between my first visit and the recovery of the patient; but it was removed because the Table was much crowded, and few such facts had been recorded. The following brief statement contains all the information I can communicate on this head.

Days.	Cases.	Days.	Cases.
3d inclusive	2	11—20	4
7th	3	21—30	6
8th	1	31—40	1
9th	2	41—50	1
11th	4	70—80	1

 25

Hence it appears that 22 out of 25 patients ill of the acute Rheumatism were restored to health in 30 days.

The

The following is a synoptical view of all the cases stated in the first Table :

Patients died	11
—— recovered with Bark	100
———— without Bark	28
—— no report with Bark	15
———— without Bark	16
	<hr/>
	170

From the 100, if we deduct the 5 unfavourable cases, 95 remain. After all the fatal and five other of the most unfavourable cases have been in this manner explained, and fairly submitted to the reader's consideration, we may assume with confidence as decisive evidence in favour of the Bark all the other instances where it was used. For in all of them a speedy and perfect recovery may be manifestly ascribed to this remedy. I have again scrupulously reviewed

reviewed and attentively re-examined all the remaining cases in which the Bark was given with evident advantage. Out of the 95 I can find only two who required any interruption of it, scarcely worth notice, in which the Bark had been administered before Antimony: but, after properly exhibiting the latter remedy, the former agreed and was taken with perfect success. To these 95 ought to be added 15 other cases where no report is given of the event, though there is less positive evidence of its salutary effects: but this silence clearly implies, though it does not declare, a favourable issue, and that no farther advice nor remedy was required.

It is very interesting and instructive to remark, that, though this powerful remedy was given to many patients very early after the commencement of the Fever, and was frequently ordered at my
first

first visits, yet it seldom failed to produce immediate and salutary effects. To many medical readers this may appear very bold and hazardous practice, being so widely different from the opinions on this subject, which generally prevail concerning the nature of inflammatory Rheumatism, and the medicinal qualities of the Peruvian Bark. But it is to be considered, that my adoption of this uncommon remedy for the acute Rheumatism commenced on the authority of that eminently sagacious and intelligent physician Dr. JOHN FOTHERGILL; (see §. XXI.) and that the practice which I now venture to recommend, is the result of gradual improvements for a long series of years, as successful experience led by degrees to farther deviation from the remedies usually employed in this disease.

With sedulous attention to every circumstance which denotes that a medicine

cine relieves or aggravates a patient's disorder, with a steady purpose to persevere or desist according to the effects, I have been long taught, and thoroughly convinced that all hazard of doing mischief may be avoided, and yet that as much benefit may be obtained as its salutary qualities can produce. By strictly following the rules and cautions dictated by the medical experience of others and of my own, it has so happened, not only in this but in all other diseases, that I never did witness a fatal consequence from any remedy for 45 years, during which period I have been constantly engaged in ordering them and witnessing their effects. So long and so uniform a course of successful experience has given much satisfaction to my own mind, and afforded an highly beneficial confidence in the safety of the practice of physick. It banishes
equally

equally the injurious extremes of timidity and temerity. It encourages and warrants an efficacious method of treating diseases without rashness, or apprehensions of doing mischief. There is no doubt that this accurate and faithful declaration of the safety of remedies, though directly contrary to the vulgar creed, and even to the sceptical opinions maintained by men of knowledge in other sciences, might be confirmed by many physicians of extensive practice; because certainly many others have been at least equally skilful, discreet, and fortunate. For the benefit of mankind, it is of importance to correct the false fears which many entertain of the pernicious effects produced by physick. Strangers to the Author's character may have many opportunities to learn from his medical acquaintance and his patients, that he was, even in conversation, never

guilty of any professional boastings or exaggerations. It cannot therefore be suspected that he should now make such a solemn and publick asseveration, if he could entertain the slightest doubt of its truth. On a subject of such great importance he feels it his duty to publish this general remark; the conscious confidence of integrity places him above all personal considerations; even above the apprehension that this declaration may be imputed to the disgraceful motive of vanity. It is highly proper that such a Truth should be promulged, both for the credit of the Profession, and the benefit of Mankind.

It is not to be expected that even this full and faithful statement of facts will soon obtain general attention: Though my respectable friend Dr. SAUNDERS has recommended Bark in Rheumatism for many years both in his lectures and publications, yet I do not know that it has any where received the attention which
it

it justly merits: even lately I have heard a pupil of his censured for giving it in this disease, by a very intelligent and candid physician. For many years, whenever an opportunity offered in correspondence, consultation, or even casual conversation, I have constantly recommended the Bark as incomparably the best remedy for the acute Rheumatism. Such hints I have in this manner communicated to physicians of the first abilities, but it remains doubtful whether these exhortations have induced them to adopt the practice. However, in process of time, and when the evidence here adduced shall be fully confirmed by the testimony of other medical witnesses, the method of treatment which I have ventured to recommend, if the best, may at length be generally approved and established.

To sum up the whole in a few words, After the stomach and bowels have been

K 2

sufficiently

sufficiently cleansed by Antimony, I have, for many years, begun to order the powder of the Peruvian Bark in doses of gr. v. x. or xv. every 2, 3, or 4 hours; and if this quantity had a salutary effect, it was gradually increased to gr. xx. xxx. or xl. with sedulous attention never to add more than what perfectly agrees. It has generally been taken in milk, mint water, or the Decoction of Bark.

With the exception of the five unfavourable cases above noticed, the Bark has uniformly produced the most salutary effects. The pains, swellings, sweats, and other symptoms of inflammatory Fever, manifestly and speedily abate, and gradually cease, till health is perfectly restored.

Dr. JAMES CURRIE, in his Medical Reports, p. 421, observes, that “the inflammatory Rheumatism is one of the most tedious and intractable of diseases.” This remark of a physician of

such extensive experience, and medical knowledge, deserves particular attention. It proves the value of an inquiry which attempts to discover a safe and certain remedy for such a malady.

Another circumstance merits great attention. After the Rheumatick Fever has been treated by bleeding, leeches, sudorificks, &c. it is well known that pains of the diseased joints and muscles often afflict the patient for many months or even years. In my clinical reports I find no instance of this kind, and have reason to think that the Bark entirely prevents this cause of the chronick Rheumatism as a consequence of the inflammatory Fever.

Except Mercury in the Syphilis, and Cinchona in the Ague, there are few examples where a remedy can produce such speedy relief and perfect recovery in so formidable a disease.

§. XXX.

§. XXX.

The following Case, which occurred in my own family, merits particular attention.

1812. Mary Luckford, 26 years of age, was called out of bed four times one night to take my Grandson to his Mother in another room; once when in a sweat, succeeded by a cold chilly state for an hour after returning to her bed. On the 3d day inclusive she was attacked by a Rheumatick Fever.

1st day (Thursday March 5th) about noon she felt rheumatick pains in her ankles and arms, with fever. She took the Antimonial Powder that evening; being 7 hours after the commencement of the disease. This and all the following doses were 5 grains each,

2d day. A little sweat; but the Antimony did not act upon the stomach or bowels. The

The pains greatly increased last night and to-day in her legs, thighs, hips, back, and arms. Chilly and hot fits. Sweats. Thirst. Pulse frequent, not strong. Four doses of Antimonial Powder were taken to-day, one every 4 hours; which occasioned purging and vomiting.

3d day. After a bad night, had greater pain of her legs, knees, hips, and shoulders; a stiffness all over her, so that she is unable to move. Her ankles, knees, and elbows are all much swelled. Chilly and hot fits. Profuse sweats. Thirst. Red sediment in her urine. Took an Antimonial Powder in the evening, and at bed time.

4th day. Much worse. Pains and swellings increased. Chills. Burnings. Sweats. Cannot move a limb. In the morning took 3 Antimonial Powders, which producing little effect; 3 drachms of the sulphate of magnesia were given at 2 p. m.

In

In the afternoon vomited very frequently; had 4 stools in the evening. Profuse sweats. Felt herself very weak and low. At bed time took 20 drops of Laudanum.

5th day. Began at 7 a. m. to take a scruple of Cinchona. Four such doses were taken to-day. As her tongue was covered with a thick yellow fur, the Cinchona was given with the Carbonate of Potash and Lemon Juice in an effervescing state; which was extremely palatable and refreshing. Laudanum at night.

6th day. Had a good night, but not much sleep. This morning she can move one leg. During the 3d, 4th, and 5th days, she could not stir a single limb. Took 5 scruples of Cinchona with the effervescing additions. In the evening much better.

7th day. Has pain of her stomach, which seems to proceed from flatulence.

For

For this reason, and as the fur on the tongue is much less, the Cinchona was given without the effervescing additions, but with ten grains of Rhubarb in the first, and 20 drops of the Spiritus Ammoniacæ compositus in each dose.

Five scruples of Cinchona were taken to-day, and the Laudanum at bed time.

8th day. A good night. But little pain or swelling. No sweat. She can stand on her feet. Took 5 scruples of Cinchona in milk, to-day.

9th day. In the morning she said, "I have had a good night and am quite well. I have neither pain nor stiffness, and can walk as well as ever I could. When first seized I was sadly frightened."

Thus on the 9th day of a very severe Rheumatick Fever, and on the 5th day (both inclusive) after she began to take the Cinchona, her health was perfectly restored ;

restored; by 50 grains of the Antimonial Powder in ten doses, and by 19 scruples of Cinchona.

This said month of March has been the most inclement of the whole winter in various sudden changes to rain, frost, and snow. In going about the house, she thought that she caught cold several times so as to occasion some pain and stiffness; but these complaints were only slight and transitory. The Cinchona has been continued 3 or 4 times a day.

Mary Luckford in 1796, when ten years old, had been an in-patient of a County Infirmary during 4 months for a Rheumatick Fever, and afterwards an out-patient for 12 months.

She had caught cold by walking in the morning through a water meadow, and by sitting all day at school in her wet shoes, stockings, &c. The next morning, the Rheumatick pains and
Fever

Fever commenced; being the 2d day after she had caught cold.

In 1804, she was again an in-patient of the same Infirmary during 3 months, for a Rheumatick Fever; and afterwards an out-patient for 6 months.

She had had a chill from damp feet, on going out too soon after a bad scarlet Fever. The Rheumatick Fever began on the 2d or 3d day after this chill. On the first Wednesday after this attack, she was admitted into the Infirmary.

From December 1810 till March 1811 (except one week in January) she was a third time an in-patient of the same Infirmary for a Rheumatick Fever.

She had walked for a mile in very heavy rain, so that all her clothes were entirely wet through, and she remained in them 4 hours after returning home, on a Sunday. She was attacked with Rheumatick pains and Fever on the
Tuesday,

Tuesday, (the 3d day inclusive) and was admitted into the Infirmary next day, Wednesday.

This and all other British Infirmaries are under the direction of very skilful Physicians. She was in each Fever blooded, blistered, sweated, &c. Her Physicians were very attentive to her case. They generally altered her medicines at each visit. Hence it is manifest that she had the benefit of the best remedies then known.

On the whole, the last appears to be a very extraordinary example. The recovery was much more speedy and perfect than I ever before witnessed. It far exceeded my expectations founded upon the experience of the efficacy of this mode of treatment in other instances of the Rheumatick Fever. Indeed a physician has seldom an opportunity to order remedies at the commencement of this disease.

CORRESPONDENCE.

Soon after the former edition of this Tract was published, I had great satisfaction in receiving the following

I. *Extract of a Letter from Sir GEORGE BAKER, bart. M. D. F.R.S. President of the College of Physicians, and Physician to their Majesties.*

“ July 19th, 1805.

“ WITH respect to Rheumatism,
“ you have justified and confirmed the
“ mode of treatment which I have fol-
“ lowed for many years. In the year
“ 1762, Sir EDWARD WILMOT was called
“ to consult with me on the case of a
“ gentleman who was labouring under
“ an acute Rheumatism. He communi-
“ cated

“ cated to me his practice, which entirely
“ corresponds with that which you have
“ now made public.

“ I have often seen the inefficacy of
“ the frequent use of the lancet, and
“ indeed had been deterred from it by
“ the experience of Sydenham.”

As Cinchona had been administered in the acute Rheumatism more generally in the Metropolis than any other part of the Empire, probably owing to the traditional practice above explained, I addressed the following inquiry to ten of my medical correspondents in London.

“ *Bath, Sept. 8th, 1809.*

“ A new edition of my clinical
“ history of the acute Rheumatism and
“ of Nodosity of the joints is to be soon
“ published. Being very desirous to im-
“ prove

“ prove it to the utmost of my power, I
“ have thought that the best method of
“ accomplishing this purpose would be
“ to inquire among the most intelligent
“ of my medical Friends, in extensive
“ practice, how far their experience had
“ confuted, corrected, or confirmed any
“ of the conclusions which I had ventured
“ to deduce from the facts which had
“ fallen under my own observation.

“ The practical directions which Pro-
“ fessors and Authors have very generally
“ given, never to administer Cinchona
“ in inflammatory diseases, will obviously
“ excite suspicions that it may do mis-
“ chief in the Rheumatick Fever; so that
“ it may be difficult to obtain, even from
“ experience, impartial observations to
“ determine the question. If you or any
“ of your medical acquaintance have
“ ventured to employ this remedy in
“ such cases, may I request the favour
“ of

“ of you to acquaint me what are the
“ circumstances in which it has been ob-
“ served to do good or harm? I solicit
“ your remarks as a private favour, so
“ that you may communicate them
“ without reserve. I shall never take the
“ liberty to quote your authority without
“ special permission.

“ Have you known Soda, Arsenic, or
“ any other remedy given with beneficial
“ effects in Nodosity of the joints?

“ My only wish is to investigate the
“ Truth, not to establish any particular
“ doctrine or practice. For so important
“ a purpose I hope that my medical
“ Friends will excuse the liberty I have
“ taken in soliciting their unreserved and
“ confidential observations.”

I subjoin

I subjoin the following answers, which contain the whole intelligence that I received in answer to my inquiry. They are published with the “special permission” of my very respectable correspondents. The valuable information which they contain requires no comment.

II. *Extract of a Letter from WILLIAM
HEBERDEN, M. D. F. R. S. Physician
to their Majesties, and Fellow of the
College of Physicians.*

“ 16th Sept. 1809.

“ OWING to my being out of
“ town with my family, I have not been
“ able to answer your letter of the 8th
“ so soon as I otherwise should have done;
“ nor can I answer it so fully, for I have
“ no opportunity of consulting with other
L “ Physicians

“ Physicians upon the subject. With regard
“ to myself, it had been my usual practice
“ at St. George’s, and I have generally
“ pursued it since, to give Antimonial
“ medicines for the first few days, and
“ then to have recourse to the Bark. I
“ believe I learnt this from my Father;
“ and I know he told me that the ad-
“ ministration of Bark in Acute Rheu-
“ matism had been generally adopted
“ by Sir E. HULSE, and with very good
“ success. Upon the publication of your
“ first edition the subject was of course
“ talked of among Physicians in London;
“ and I know it appeared to be the
“ established practice of many of them.”

III. *Extract of a Letter from WILLIAM SAUNDERS, M. D. F. R. S. and S. A. Fellow of the College of Physicians, and Physician Extraordinary to the Prince of Wales.*

“ *Sept. 15th, 1809.*

“ WITH respect to your enquiries on
“ the subject of the acute Rheumatism,
“ I am assured, by much experience and
“ accurate observation, that, with all its
“ inflammatory symptoms, it is an Ague
“ in disguise ; and that while it may be
“ necessary to moderate exacerbations
“ by local or by general bleeding, the
“ Bark is the only effectual means of
“ checking the recurrence of paroxysms.
“ I suspect it is the same disease, whether
“ it falls on the Diaphragm or the Heart
“ or any vital organ, which may make
“ it

“ it necessary to evacuate more freely
“ by the lancet, yet the Bark combined
“ with volatiles will be found the most
“ effectual remedy.”

IV. *Extract of a Letter from*
R. WILLAN, M.D.

“ YOUR observations respecting
“ the utility of Peruvian Bark in Acute
“ Rheumatism so far agree with the ex-
“ perience and knowledge I have on the
“ subject, that I can only confirm what
“ you have established. They who
“ object to the practice, do it upon
“ hypothetical notions, supposing the
“ Cinchona to act by a stimulative quality,
“ that is, by increasing either the num-
“ ber or the force of the arterial vibra-
“ tions. From many set experiments, I
“ am convinced these notions are un-
“ founded. Bark neither quickens nor
“ hardens

“ hardens the pulse, whether it be given
“ in febrile diseases or a state of health.
“ It has always, in the trials to which I
“ refer, diminished the number of pulsa-
“ tions of the heart in a given time, and
“ appeared to me to render the circula-
“ tion steady without stimulating.

“ These points were forced, some
“ years ago, upon my mind, while im-
“ pregnated by Books and Professors with
“ a train of ideas entirely different. But
“ how are we to eradicate errors grown
“ almost inveterate, and sanctioned by
“ the highest names; it is certainly best
“ to persevere in correct statements; and
“ we must feel obliged to you, who stand
“ so high in the profession, for opposing
“ authority to authority, till the truth be
“ made manifest.”

V. *Extract of a Letter from Sir LUCAS PEPYS, bart. M.D. Physician to his Majesty, President of the College of Physicians, and Physician General to the Army.*

“ October 28th, 1809.

“ I place so much confidence in
“ every thing you say, that I have en-
“ tirely changed my usual mode of
“ treating the acute Rheumatism, and
“ have given the Bark with the greatest
“ success. I have given it with a very
“ full pulse, and have not hesitated
“ to give it where I formerly used to
“ bleed and promote Perspiration. The
“ use of the Bark, and keeping the bowels
“ open with neutral Salts, appear to me
“ to be the best mode of treating acute
“ Rheumatism, and preventing its run-
“ ning into the chronic state. I beg,
“ therefore,

“ therefore, that you will consider me as
“ one of those who acknowledge obliga-
“ tion to you for having taught them the
“ use of such a medicine in a disease
“ which was before very untoward and
“ difficult to cure.”

VI. *Extract of a Letter from J. C.*
LETTSOM, M. D.

“ Dec. 4th, 1809.

“ SINCE your letter, I have
“ attended two cases of violent acute
“ Rheumatism. The first at Kentish
“ Town, when I found the patient, either
“ from nature or art, bathed in sweat;
“ and, from dyspnœa, the head and chest
“ raised, whilst the pains and swellings of
“ the hand and legs were considerable.
“ After purging, I instantly threw in
“ the Bark ; and on my next visit, my
“ patient

“ patient was so well as to relieve me
“ from attendance.

“ The other, in High Holborn, had
“ such lancinating pains of the chest, as
“ in any other disease might have discour-
“ aged the Cortex. I purged him with
“ Infusum Rosæ and Magnesia vitriolata,
“ and then administered the Bark. Im-
“ promptly I ordered a blister to the
“ breast, to counteract the dyspnœa, but
“ it was not applied, as the breathing
“ improved without it.

VII. *Extract of a Letter from Sir WALTER FARQUHAR, bart. M. D. Physician to the Prince of Wales.*

“ Oct. 18th, 1810.

“ WITH regard to the Rheumatism

“ I have long been a perfect convert to
“ your mode of treatment, and have been
“ particularly successful by the free use of
“ Bark, taking care at the same time to
“ attend to all the secretions, and occa-
“ sionally intermitting it. I had last
“ Summer, that is, about 4 months ago,
“ the most striking cases of acute Rheu-
“ matism, in subjects that had had the
“ disease before, which had lasted for
“ 3 or 4 months, and left the constitu-
“ tion very much debilitated. They
“ by the use of Bark were restored to
“ perfect health in six weeks, and joined
“ their

“ their regiments. I believe the failure
“ of this wonderful medicine arises from
“ considering the Bark to be given, as in
“ agues, almost without any other medi-
“ cine ; by which means, the constitu-
“ tion is heated, the usual secretions
“ neglected, and mischief is the conse-
“ quence. This I confess I have
“ repeatedly seen, when the breast has
“ been affected, and Phthisis finished the
“ scene : this to be sure is no fault in the
“ remedy, but in the administration of
“ it. I feel happy in being on the list of
“ the approvers of your practice. More
“ of this if we should be fortunate enough
“ to meet. If not, make use of my
“ name as you please.”

VIII. *Extract of a Letter from JOHN
AIKIN, M. D.*

“ April 3d, 1811.

“ THIS reminds me of your re-
“ quest respecting the Rheumatick case.
“ I am sorry that I have no documents
“ for any thing more specific, than that
“ the patient was an athletic man, in the
“ prime of life, who was suffering very
“ severely under rheumatick pains affect-
“ ing various parts successively; that the
“ antiphlogistic method had been freely
“ tried with no advantage; and that on
“ being called in, I immediately, con-
“ fiding in your experience, threw in
“ the Bark liberally with little other
“ medicine; though the Pulse was still
“ quick, and heat considerable; and that
“ a rapid recovery was the consequence.
“ My Son Charles tells me he has had a
“ case nearly of the same kind.”

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Fever Began.	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed joints and muscles.	Pain, Swelling.	Chills Sweats.	Urine.
1.		14	1767 May	May			Cynanche.	Miliaria. Diarrhoea. Convuls.	Wrists, ankles, and other joints.	Pain, Swelling. Red.		
2.		16	Oct.	Oct.	Twice Cold.				Inferior Joints.	Pain, Swelling.		
3.			Dec.						Hands.	Pain, Swelling.		
4.			Dec.	Dec.	Strain.				Chest.			
5.			1768 April	April				Epistaxis.	Wrists, Shoulders, Joints.			
6.		55	June						Chest, Shoulders.			
7.		66	July				Podagra.	Erysipelas.	Joints, Wandering.	Pain, Swelling. Red.	Chills.	
8.			Aug.						Legs, Wrists, Joints.	Pain, Swelling.		
9.			1769 Jan.	Jan.					Knee, Shoulders.			
10.		28	Jan.	Dec.	Drinking Spirits.		Phthisis Diarrhoea.	Phthisis. Miliaria. Purpura. Syncope.	Knee, Wrists, Arms, Legs.	Pain, Swelling.	Chills. Sweats.	
11.		42	April	Jan.	Drinking Spirits.				Feet, Knees, Loins, Hips.	Pain, Swelling.	Chills. Sweats.	Red Sediment.
12.		53	May	May				Phrenitis.	Knee, Shoulders.		Chills. Sweats.	Red S.
13.			Aug.					Dyspnoea.	Chest, Wandering.		Fever.	
14.			July	June	Cold.			Delirium.	Hands, Joints.	Pain, Swelling.	Sweats.	
15.		65	Aug.				Nodositas.	Nodositas.	Knee and all joints.	Pain, Swelling.		
16.			Dec.	Nov.				Miliaria.	Joints.		Chills.	Red S.
17.		16	1770 Jan.	Jan.			Rheum. Chronic.	Haemopt. Dyspnoea.	Hands, Feet.	Pain, Swelling.		
18.		25	March	March	Cold.				Back, Neck, Knees, Head.	Pain.	Chills. Sweats.	Red S.
19.		30	1771 Jan.		Cold.			Phrenitis. Miliaria.	Chest, Thighs, Loins.		Chills. Sweats.	Red S.
20.			April	April	Water on head, breast, shoulder			Quotidiana.	Breast, Neck, Head.	Pain.	Chills. Sweats.	
21.		36	Sept.	Sept.				Phrenitis. Miliaria.	Wrists, Joints.	Pain, Swelling.	Chills. Sweats.	Clear.
22.		16	Nov.	Nov.	Cold.				Joints, Ankles.	Pain, Swelling.	Fever.	Red S.

REMEDIES ORDERED.

BARK ORDERED.

	xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
	Blood.	Other Sympt- oms.	Prior Rems.	V. S. 3	Leech	Sudo- rific	Salines.	Anti- mony	Bath.	Day dis.	Day visit.	Dose.	Rec. or Dd.
	Infl.			vij.			Sp. Mind.						D.
					6.		Sp. Mind.	Ant. Tart.	B.				R.
													R.
							Saline.					Infus. Peru.	R.
													R.
88	Infl.		V. S. 3 vij.	V. S. twice.	4.		Sp. Mind.						R.
	Infl.			once.			Sp. Mind.						R.
80							Saline.	Ant. Tart.					R.
120	Infl.			xij.			Sp. Mind.	Ant. Tart.					R.
	Infl.			vij.			Sp. Mind.	Ant. Tart.					
	Lax. Infl.			once.			Sp. Mind.	Ant.				Cinchona.	R.
108					4.		Sp. Mind.	Ess. Ant.					R.
120	Infl.			xxvj.			Nitre.	Ant. Tart.					D.
76	Infl.			vij.			Sp. Mind.	Ant. Tart.		2d.		Dec. 3ii. Quater die.	R.
	Infl.		V. S. 3 xij.	xx.	2.		Nitre gr. xx. 4 die.	Ant. Tart.		37th.	30th.	Pulv. gr. 40 twice a day to an ounce.	R.
					4.							P. gr. xxx. Bis die.	R.
92	Infl.		V. S.				Sp. Mind.	Ess. Ant.		28th.	1st.	Inf. 3ii.	R.
120		Tu- mors rece- ded.				Ess. Ant. Opio.							D.
96	Infl.		V. S. 3 ix.	vij.			Sp. Mind.	Ant. Tart.					R.
108							Sp. Mind. Haust. Salin.	Ant. Tart.			3d.	Inf. 2 oz. Sp. Mind. half oz.	R.
112	Not Infl.					Ess. Ant. Opio.		Ant. Tart.				P. vi. drams.	R.
108	Infl.		V. S. twice.							10th.	1st.	Inf. 3ijs Hor. 3.	R.
124	Infl.			x.	5.	Ant. Opio.	Sp. Mind.	Ant. Tart.		47th.	7th.	Inf. 3ij. ter die.	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
23.			1772 Jan.	Dec.	Cold.				Knees, Loins, Head.		Sweats.	
24.		18.	Jan.	Jan.			Convulsio.	Phrenitis.	Limbs.	Pain, Swelling.	Chills, Sweats.	
25.		21.	March	Feb.	Cold.				Wrists, Shoulders, Loins.	Pain, Swelling, Red.		Red S.
26.			March	Feb.	Cold.				Joints.	Pain, Swelling.	Sweats.	Red S.
27.			April	Jan.					Knees, Hip, Fingers.	Pain, Swelling.	Chills.	
	28.		June	June					Hands, Knees, Feet.	Pain, Swelling.	Chills, Sweats.	
29.		11.	July	May	Exposure to Cold in a Sweat.				Joints.	Pain, Swelling.		
	30.		Dec.	Nov.				Hysteria.	Back, Head, Belly, Wandering.		Chills.	
	31.	27.	1773 Jan.	Jan.					Hands, Knees, Ankles.	Pain, Swelling.	Sweats.	
32.			Feb.						Joints.	Pain, Swelling.		
	33.	17.	March	Feb.					Legs, Arms.	Swelling.	Chills.	
34.		23.	March	Jan.					Joints.	Pain, Swelling.		
	35.	48.	April	March	Cold.				Hands, Knees, Ankles.	Pain, Swelling.	Chills, Sweats.	
36.		44.	June		Cold.				Hands, Feet, Knees.	Pain, Swelling.		
	37.		Oct.	Oct.	Cold.			Miliaria.	Joints.	Pain, Swelling.	Chills.	
	38.		Oct.	Oct.			Cynanche.		Rheumatism.		Sweats.	
39.			Nov.		Cold.			Icthis.	Hip.			
40.			1774 April	March	Cold.				Knees, Ankles, Hands, Thorax, Elbows, Shoulders.	Pain, Swelling.		Red S.
41.		21.	April						Knees, Ankles, Hands, Thorax.	Pain, Swelling.		

REMEDIES ORDERED.

Cinchona Ordered.

xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Blood.	Other Symp- toms.	Prior Reme- dies.	V. S. 3	Leech	Sudo- rificks.	Salines.	Anti- mony	Bath.	Day disca.	Day visit.	Dose.	Rec. or Dd.
anfld.	Vertigo Vomit- ing.		x.				Ant. Tart. gr. fs. om. hor.					R.
			viii.				Ant. Tart. gr. fs.					D.
anfld.			x. x.				Ant. Tart. Ta. Solub.					R.
				3 quod- tidie.			Ant. Tart. sol.				Dec. & Acid. Vitr. dein. cum Pulv. gr. x.	R.
				6.	Ant. Opio.	Spir. Mind.			36th.	1st.	Dec. & Acid. Vitr.	R.
			viii.			Spir. Mind.	Essent. Ant.					
						Spir. Mind.	Ant. Tart.		12th.	7th.	Pul. & j. ter die.	R.
anfld.	V. S. bis.		4 ar- ticule inflo. quodid.				Ant. Tart.				Inf.	
anfld.			x. x.			Nitre.	Ant. Tart.					
			x.				Ant. Tart.				Inf.	R.
			x.			Spir. Mind.	Tart. sol. Ant. Tart.					R.
			x.	Hir.			Ant. Tart. Kali Tart.					R.
					Ess. Ant. Tind. Opio.			Ter. in 7na.	182.	1st.	Pul. & j. bis die Infus. Chamæm.	R.
anfld.			viii. vi.	6. 6.		Nitre.			16th.	4th.	Dec. & j. b. 6	R.
			viii.			Spir. Mind.	Ant. Tart.					R.
							Ant. Tart.	B.				R.
			viii. 3 die.	4. Opio.	Ant. Opio.		Ant. Tart.		28th.	1st.	Dec. & Tind. ter die.	R.
			viii.		Ant. Tart. Opio.					1st.	Pul. & j. bis die.	

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Fe- male.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
	42.		June	May				<i>Phrenitis.</i>	Ankles, Knees.	Pain, Swelling.		
	43.		Dec.	Nov.	Cold.				Llun, Loins, Leg, Hand.			
44.		1775 Feb.	Jan.						Back, Shoulders, Hands, Feet.	Pain, Swelling.	Sweats.	
	45.		Feb.	Feb.				<i>Pneumonia.</i>	Leg, Side.		Chills.	
46.	54.		May	Nov.					Gums, Teeth, Jaws, Head.			
47.			Sept.	Aug.					Wrists, Ankles, Feet, Hands.	Pain, Swelling.	Chills, Sweats.	
48.		1776 Feb.							Knees.			
	49.	54.	May						Knee.			
	50.	40.	June	June					Hands, Feet.	Pain, Swelling.		
51.			June	June	Damp Bed.				Breast, Brow, Back, Neck.	Pain, Swelling.	Chills, Sweats.	
	52.		July	July	Fatigue. Cold			<i>Dyspnea.</i>	Thighs, Legs, Arms, Wrists, Shoulders.	Pain, Swelling.	Chills.	
	53.		1777 Jan.	Dec.			<i>Cynanche.</i>	<i>Nephritis. Hæmaturia.</i>	Wrists, Fingers.	Pain, Swelling.	Chills, Sweats.	
54.		16.	March	Feb.				<i>Catarrh. Diarrh.</i>	Ankles, Wrists, Hands, Knees, Hips, Shoulders.	Pain, Swelling.	Chills, Sweats.	
55.			March	Feb.				<i>Melus.</i>	Hands, Knees, Hips.	Pain, Swelling.	Sweats.	Red S.
	56.	42.	April	April				<i>Catarrh. Diarrh.</i>	Ankle, Ham.			
57.		22.	May	April					Hands, Knees, Heel.		No Fever.	
58.			Oct.	Sept.	Cold.				Wandering, and Hypocondr.	Pain.	Fever	
59.			Oct.	Oct.					Loins, Knees, Shoulder, Feet.		Chills, Sweats.	Red S.
	60.		Nov.	Oct.	Cold.		<i>Cynanche.</i>		Knees, Ankles, Wrists.	Pain, Swelling.	Chills, Sweats.	Red S.

REMEDIES ORDERED.

Cinchona Ordered.

XV.	XVI.	XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.
Blood.	Other Symptoms.	Prior Remedies.	V. S. 3	Leech	Sudorifics.	Salines.	Antimony	Bath.	Day disseas.	Day visit.	Dose.	Rec. or Dd.
				Hir.		Spir. Mind.	Ant. Tart.		23d.	8th.	Infus.	R.
Infld.			x. x. x.			Nitr.	Ant. Tart.		17th.	9th.	Mixt. Peruv.	R.
Infld.		Dov. Powd. 1/2 S. ter.		Hir. quot.	Ant. Tart. Opio.	Nitr.	Ant. Tart.		31st.	10th.	Pul. 3j. ter die. 3fs. ter die.	R.
Infld.						Nitr.			3d.	1st.	Pul. 6j. b. 4a.	R.
				Hir.			Ant.					
				6.		Spir. Mind.	Pulv. Ant.		21st.	3d.	P. 3fs. ter die.	R.
				8.			P. A. gr. vii.					R.
						Ant. Opio.	Ant. Tart.					
				8.			Ant. Tart.					
Infld.						Ant. Opio.	Ant. Tart.	B.			P. 3j. Tind. 3ii. bis die.	R.
Infld.				4.			Pulv. Ant. f.		10th.	4th.	P. 4 die.	R.
											Used no Remedy.	
							Ess. Ant.		29th.	6th.	Inf. Per. 3fs. Tind. 3j. bis die.	R.
			xxxvii.	3 quotid.	Ant. Opio.		P. A. f. iv.		14th.	2d.	Inf. 3ij. ter die.	R.
						Saline.	A. T.				Inf. 3ij. ter die.	
							P. A. f. v.					
												R.
Caric Infld.							Pulv. Ant. f.		9th.	1st.	Ext. 3fs. b. 4.	R.
Infld.							Pulv. Ant. f.		17th.	5th.	Mixt. Peruv.	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Disease Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
	61.	63.	Dec.	Oct.			<i>Nodostasis.</i>	<i>Fomitus Diarrh.</i>	Knees, Hips, Wrists.	Pain, Swelling.	Chills, Sweats.	
62.			1778 Jan.	Dec.				<i>Dysenteria.</i>	Hand, Legs, Thighs, Knees.			
	63.	38.	Feb.	Dec.	Cold.				Breast, Belly, Back, Wrists.		Chills, Sweats.	
64.			Nov.	Nov.	Cold.				Shoulder.	Pain, Swelling.	Sweats.	
65.		16.	Dec.	Nov.	Cold.	3d D.			Knees, Head, Back, Hips.	Pain.	Chills, Sweats.	Pale.
	66.	30.	1779 March	Feb.	Damp Stockings.			<i>Catarrh.</i>	Neck, Groin, Thighs, Knees.			
67.		19.	April	April	Damp Room.		<i>Asthma.</i>	<i>Anaxarca.</i>	Ankles, Knees, Chest.	Pain, Swelling.	No Fever.	Red S.
	68.		April	April				<i>Typhus.</i> <i>Aphiba.</i> <i>Cynanche.</i>	Wrists, Knees, Back, Hips, Ankles.	Pain, Swelling. Not Red.		
69.			June	June	Cold.				Breast, Shoulders, Neck.			
	70.		Aug.						Head, Back, Thighs, Knees.		Sweats.	
71.		25.	1780 Jan.	Jan.	Damp Shirt.	4th D.			Legs, Ankles, Shoulders, Knees, Fingers.	Swelling.	Sweats.	Red S.
	72.		March	March					Elbow, Wrists, Knees.	Pain, Swelling.	Chills, Sweats.	Red S.
	73.		April	March	Cold.	3d D.		<i>Hæmaturia.</i> <i>Phrenitis.</i>	Shoulders, Hips, Thighs.	Pain.	Chills, Sweats.	Black S.
74.			April	April	Cold.				Back, Knees, Ankles, Head.		Chills, Sweats.	
75.		25.	Aug.	April	Drinking.			<i>Fomitus Phrenitis.</i> <i>Miliaria.</i> <i>Diarrh.</i> <i>Gastrodyn.</i>	Wrists, Ankles, Stomach.	Pain, Swelling. Red.	Chills, No Sweats.	
76.			Sept.	Sept.	Damp Floor.	6 hours.	<i>Tussis.</i>	<i>Tussis.</i>	Joints.	Pain, Swelling.	Chills, Sweats.	Red S.
	77.		Nov.	Oct.					Leg, Thigh, Arm.		No Chills, Burning.	
78.		72.	Nov.	Nov.			<i>Catarrh.</i>	<i>Catarrh.</i>	Hands, Hips, &c.	Pain, Swelling.	Chills, Sweats.	
	79.		Nov.	Nov.	Cold.		<i>Menorrhagia.</i> <i>Nephritis.</i>	<i>Miliaria.</i>	Thumb, Arm, Back, Side.			

REMEDIES ORDERED.

Cinchona Ordered.

xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Food.	Other Symp- toms.	Prior Reme- dies.	V. S. 3	Leech	Sudo- rificks.	Salines.	Anti- mony	Bath.	Day disce.	Day visit.	Dosc.	Rec. or Dd.
	Trans- lated to Sto- mach.					Saline. Acid. Vir.					Dec.	R.
Infid.												R.
									50th.	1st.	Infus. 3 ij. ter die.	R.
				6.	Ant. Opio.		Ant. Tart.		12th.	3d.	Cinch Pulv. bis die.	R.
Infid.				12.								R.
			viii.		Ant. Opio.							R.
Infid.		V. S. twice.					Ant. Tart.					R.
Not Infid.				L.			P. A. J.		10th.	1st.	Inf. Per. Efferu. Pulv. D. gr. x. b. 4.	
			vii.			Spir. Mind.	Pulv. Ant. gr. iv.					R.
											Pulv. 3 j. b. 4.	R.
			xiv.	Hir.		H. Efferu.	Pulv. Ant. j.					
				Hir.		H. Efferu.	Pulv. Ant. j.				Dec. Efferu. b. 6.	R.
Infid.			x.			H. Efferu.	Pulv. Ant. j.		15th.	10th.	D. 3 ix. Suc. Limon 3 iiii.	R.
Not Infid.				Hir.		H. Efferu.	Pulv. Ant. j.			2d.	Dec. 3 iss. Tind. 3 i. Pulv. 3 j. b. 4.	R.
				x.		Spir. Mind.	Ant. Pulv.					D.
						Nitr.	P. A. J. v.					R.
						Spir. Mind.	P. A. J. gr. iv. b. 5.		11th.	2d.	Inf. 3 iss. Tind. 3 iss.	R.
						Spir. Mind.	Pulv. Ant. gr. iv.					R.
			V. S.			Spir. Mind.				21st.	Dec. 3 ii. ter die.	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
80.			1781 Jan.	Dec.	Cold.				Thighs, Legs, Feet, Knees.	Swelling.	Chills, Sweats.	
	81.		Feb.	Jan.				<i>Phrenitis.</i>	Wrists, Wandering.	Pain, Swelling.	Sweats.	Red.
82.			June	June	Cold.	2d D.			General Stiffness and Pain.		Sweats.	
83.			July	July	Lying on Ground.				Neck, Head, Shoulders, General.		Chills, Sweats.	
84.			Sept.	July					Hands, Shoulder, Loins, Feet.			
85.			Dec.	Dec.				<i>Miliaria.</i>	Feet, Knees, Hips, Wrists.	Pain, Swelling. Redness.	Chills, Sweats.	Red.
86.	6.	1782 April	April						Feet, Legs, Wandering.			
	87.		Dec.	Nov.					Hand, Wrist, Shoulder, Knee.	Pain, Swelling.	No Chill. Burning Sweats.	
88.			1783 Aug.	June					Neck, Face, Head, Eye.		Chills, Sweats.	
89.			Dec.	Dec.	Cold.	3d D.	<i>Cynanche.</i>		Ankles, &c. Breast.			
90.			Dec.	Dec.					Neck, Shoulders, Breast, Hypochondre.	Pain.	Chills, Sweats.	Red.
91.			1784 Jan.	Jan.	Cold Repeatedly.			<i>Phrenitis.</i>	General, Joints, Wrists, Ankles, Knees, Hips, Hands.	Pain, Swelling.	No Sweats.	No
92.			Feb.	Feb.					Breast Bone.	Pain, Swelling.	Chills, No Sweats.	
	93.		March	Jan.				<i>Quotidiana.</i>	Hip, Thigh, Leg, Foot.		Chills, Sweats.	
94.		18.	April	Feb.					Joints, particularly Knees.			
95.			July	July	Wet to Skin.	30 hours.			Head, Back Bone, Loins, Legs.		Chills, Sweats.	
96.		50.	Nov.	Oct.	Drinking Spirits. Cold.			<i>Miliaria.</i>	Hands, Knees, Feet, Shoulders, Breast.	Pain, Swelling.	Sweats.	
97.		17.	1785 Feb.	Dec.	Cold, travelling in Hard Frost.		<i>Rheum. Chron.</i>		Ankles, Hands, Knees, Shoulders, Thorax.	Pain, Little Swelling.	Sweats.	
	98.	48.	Oct.	Oct.					Back, Hams, Knees, Ankles, Feet, Heels, Elbows, Hand.	Pain.	Profuse Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Blood.	Other Symp- toms.	Prior Rem- edies.	V. S. 3	Leech	Sudo- rificks.	salines.	Anti- mony	Bath.	Day diseas.	Day visit.	Dose.	Rec. or Dd.
									28th.	1st.	Dec. 3 ijs. Pulv. 3 j. b. 4.	R.
							Pulv. Ant. 7. gr. iii. b. 6.				Bark order- ed, but not taken.	D.
							Pulv. Ant. 7. gr. iv. b. 6.		21st.	1st.	Dec. 3 ii. b. 6.	R.
			vii.				Ant. Tart.		3d.	1st.	Pulv. 3 j. 4r. d.	R.
				5.							Pulv. 3 fs. Dec. 3 ii. 4r. die.	R.
				4.			Pulv. 7. gr. v. b. 6.		8th.	1st.	Pulv. 3 j. b. 6.	R.
					Ant. Tart. Tind. Opii.							R.
Infid.			viii. x.		Vin. Ipec. et Tind. Op.		Pulv. 7. gr. iv. b. 6.		50th.	28th.	Dec. Per. Tind. Guai.	R.
Infid.			vii.				Pulv. 7.		36th.	3d.	P. 3 j. T. 3 iii. Aq. 3 xii. M. 3 ii. 3r. d.	R.
										5th.	Dec. 3 x. Pulv. 3 j. 4 die.	R.
oo					Ant. Opio.		Ant. Tart.		12th.	3d.	P. g. x. T. 3 ii. Aq. 3 ijs. 6 die.	R.
oo 12 20	Thick Crust.		xvi. xvi.		H. Efferu.		Pulv. Ant. 7. gr. x.					D.
	Thick Crust.		viii.						4th.	1st.	Dec. 3 ii. Pulv. 3 j. Guai. 3r. d.	R.
											Dec. 3 ijs. Pulv. 3 j. b. 2.	R.
				4.	Ant. Opio.							
88						Spir. Mind.	Ant. Tart. Ant. Pulv.	B.	8th.	3d.	P. 3 ii. T. 3 j. Aq. 3 vii. M. 3 j. b. 2.	R.
104 110				ter.			P. A. 7. gr. iv. b. 6.		30th.	1st.	Dec. Per. 10 Senek. P'ino. Antimoni.	R.
104 103	Thick Crust.				7.		Pulv. Ant. gr. iv.		51st.	3d.	Dec 3 ijs. Pulv. g. xv. ter die.	R.
89	Thick Crust.		viii.			Pul. Dov.			15th.	6th.	Dec. Per. ter die.	

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Concomitant Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
99.		5.	Oct.	Sept.								
100.			Dec.	Dec.				Dysuria.	Shoulder, Wrist, Fingers, Ankles, Feet, Heel, Knee.			Red S.
101.			1786 April	March	Cold.		Podagra. Rheum.	Podagra.	Feet, Knee, Wrists.	Pain, Swelling.	No Fever.	
	102.		May	May				Phrenitis. Syncope.	Limbs, Back, Head.	Pain.	Chills, Burning Sweats.	
103.			May	April	Cold.			Podagra. Delirium.	Feet, Hands.			
104.			June	June			Epistaxis.	Delirium.	Limbs, Hips, Feet, Head.			
105.		17.	July	July	Cold.		Quotidiana.		Head, Side, Limbs, Shoulder.		Chills, Burning	
	106.		Oct.	June				Quotidiana.	Wrists, Ankles, Knees, Hips.	Pain, No Swelling.		
107.			Dec.	Dec.	Frost & Snow.		Rheum. Acutus.		Joints.	Pain, Swelling.	Chills, Sweats.	
108.			Dec.	Dec.	Cold.	4th D.	Fractura.	Delirium. Languor fere ad deliquium.	Loins, Knee, Foot, Shoulder, Arms, Toes, Thumbs.	Pain.	Chills, Sweats.	
	109.		1787 May	April				Urticaria.	Knees, Ankles, Wrists.	Pain.	Chills, Sweats.	
	110.		May	May	Wet to Skin twice.	5 hours.		Syncope.	Legs, Knees, Thighs, Back.	Pain.	Chills, Sweats.	
	111.	43.	June	May					Neck, Wrists, Shoulders, Hands, Hips, Knees.	Pain, Swelling.	Sweats.	
	112.		July	July			Rheumatismus.		Ankles, Knees, Shoulders.			
	113.	48.	July	July	Damp House.				Legs.	Pain.	Chills, Sweats.	
	114.	6.	Aug.	Aug.				Epistaxis.	Throat, Head, Back, Thigh.		Chills, Sweats.	
115.			Sept.	Sept.					Joints, Epigastrium.	Pain, Swelling.	Sweats.	
	116.		1788 March	Jan.					Joints.	Pain, Swelling.	Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Mod.	Other Symptoms.	Prior Remedies.	V. S. 3	Leech	Sudorifics.	Salines.	Antimony	Bath.	Day disca.	Day visit.	Dose.	Rec. or Dd.
									35th.	1st.	<i>Pulv. gr. x. ter die.</i>	R.
					<i>Vin. Ip. Tind. Op.</i>							R.
							<i>Ant. Tart.</i>					R.
				<i>Hir.</i>		<i>Spir. Mind. Campb.</i>	<i>Pulv. Ant. gr. iv.</i>	B.	7th.	3d.	<i>Dec. 3 iss. Tind. 3 iss.</i>	R.
											<i>Dec. 5 Tind. not taken.</i>	D.
									6th.	1st.	<i>Dec. Tind. 5 Pulv.</i>	R.
				4.		<i>Jul. Efferu.</i>	<i>Pulv. J. gr. iv. b. 4.</i>		6th.	3d.	<i>Dec. 3 iss. Tind. 3 ii. b. 2.</i>	R.
									150.	1st.	<i>D. 3 ii T. 3 ii. Pulv. 3 j. b. 2.</i>	R.
						<i>Spir. Mind.</i>	<i>Pulv. J. gr. iv. b. 6.</i>		12th.	8th.	<i>Dec. 3 j. Pulv. gr. x. M. b. 2.</i>	R.
											<i>Dec. 3 iss. Camp. gr. iii. b. 2.</i>	D.
									42d.	1st.	<i>Pul. gr. xx. Guaiac. ter die.</i>	R.
							<i>Pulv. J. gr. iii. b. 5.</i>			4th.	<i>Mixt. Peruv.</i>	R.
									35th.	1st.	<i>D. 3 j. T. 3 j. Pulv. gr. x. M. b. 4.</i>	
Infl.											<i>Pulv. 3 j. 4 die.</i>	
								B.	1 year.	1st.	<i>Pulv. 3 j. Guai. g. viii. ter die.</i>	R.
						<i>H. Efferu.</i>			10th.	6th.	<i>Dec. 5 Extr.</i>	R.
							<i>Pulv. J. gr. v.</i>		8th.	1st.	<i>Dec. 3 j. T. Guai. 3 fs. M. b. 2.</i>	R.
											<i>Dec. 3 j. Pulv. g. xv. M. hor. 2.</i>	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Concomitant Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
117.			May	Feb.					Feet, Shoulders, Wrists, Thighs.	Pain.	Sweats.	Red S.
118.			March	April					Joints.	Pain, Swelling. Red.	Sweats.	Red S.
119.			1789 March	April					Loins, Hips, Knees, Arms, Legs, Hands, Feet.	Pain, Swelling.	Sweats.	
120.			March	March				Cephalalgia.	Knees, Ankles, Arms.		Chills, Sweats.	
121.			June						Ankles.	Pain, Swelling.	Chills, Sweats.	
122.			Aug.	July				Syncope. Menorrhagia.	Neck.			
123.			Oâ.	Oâ.					Foot, Ankles, Knees, Thighs, Hips.			
124.			Dec.	Dec.				Syncope. Delirium.	Joints.	Swelling.	Chills, Sweats.	Red S.
125.			Dec.	Sept.				Syncope. Ischuria.	Feet, Hands, Back, Hips, Head.	Pain, No Swelling.	No Sweats.	
126.	62.	1790 Jan.	Nov.		Wet to Skin with Slect.	6 hours.		Ascites. Icterus.	Breast, Shoulder, Thigh, Back.		Profuse Sweats.	Red S.
127.	16.	Jan.	Dec.		Dancing.				Head, Neck, Arm.		Sweats.	
128.			Jan.	Jan.					Side.		Chills, Sweats.	
129.			Jan.	Jan.				Catarrh.	All Joints.			
130.	23.	April	April						Wrists, Elbows, Shoulders, Loins, Hips, Knees, Ankles.	Pain, Swelling.	Chills, Sweats.	
131.			Sept.	July	Cold.				Neck, Head, Shoulders, Knee.			
132.			Sept.	Sept.	Cold.	Fever in 12 hours. Rheum. in 24 h.		Quotidiana.	Hip, Thigh, Back, Ankle, Heel.		Sweats.	
133.			1791 March		Wading in River.	4th D.		Pbr. Diar. Pne. Lang. fere ad Del.	Joints, Breast, Limbs.	Pain.	Sweats.	
134.			July	June					Fingers, Feet, Shoulders.	Pain.	Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

xv.	xvi.	xvii.	xviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Blood.	Other Symp- toms.	Prior Rem- edies.	V. S. 3	Leech	Sudo- rhetics.	salines.	Anti- mony	Bath.	Day diseas.	Day visit.	Dosc.	R. c. c. or Dd.
					<i>Ant. Opio.</i>						<i>Pulv. 5 Tind.</i>	
									28th.	1st.	<i>Dec. Pulv. Tind. Guai.</i>	R.
			x.	8 7 7		<i>Spir. Mind.</i>	<i>Pulv. Ant. gr. v. b. 6.</i>		10th.	3d.	<i>Pulv. 3 j. b. 3. laße.</i>	R.
				4.					15th.	1st.	<i>Dec. 3 iß. Tind. 3 j. Pulv. gr. x.</i>	R.
											<i>Pulv. 3 fs. ter die, laße.</i>	R.
											<i>D. 3x. T. 3 ii. Pulv. g. xii. ter die.</i>	R.
											<i>Pulv. 3 j. 4 die.</i>	R.
			<i>P. S. bis.</i>	13.			<i>Pulv. Ant. gr. i v. ter.</i>		15th.	1st.	<i>Pulv. 3 j. b. 3.</i>	R.
											<i>Dec. 3 vißs. T. Guai. 3 fs. Pulv. 3 ii. M. 3 j. 4. d.</i>	D.
Infid.							<i>Pulv. Ant. gr. v. b. 6.</i>		90th.	1st.	<i>P. gr. xx. Acet. Scill. gutt. xx. 5c. bor. 4.</i>	R.
						<i>Spir. Mind. Campb.</i>	<i>Pulv. J. gr. ii. b. 4.</i>		11th.	3d.	<i>Pulv. 3 ißs. Aj. M. 3 vi.</i>	R.
									5th.	1st.	<i>Mixt. Peruv.</i>	R.
											<i>Pulv. g. xv. ter die.</i>	R.
Infid.	<i>Langu- or fere ad del. liquium</i>						<i>Pulv. Ant. b. 3.</i>		9th.	1st.	<i>Pulv. gr. x. b. 3. laße. Pulv. g. xx. b. 3.</i>	R.
				4.	<i>Ant. Tart. Opio.</i>				2 M.	1st.	<i>Pulv. 3 fs. bis die.</i>	R.
											<i>P. g. x. b. 3. D. 3 j. T. 3 j b. 2.</i>	
						<i>H. Efferu.</i>	<i>Pulv. Ant. J.</i>		7th.		<i>Pulv. gr. x. b. 3.</i>	D.
Infid.		<i>P. S. 7 times.</i>									<i>Pulv. gr. x. ad. xx. b. 3.</i>	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Fe- male	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Concomi- tant Diseases.	Inflamed Joints and Muscles	Pain, Swelling.	Chills, Sweats.	Uric.
	135.	9.	July	June			<i>Rheum. Acutus, bis.</i>		Shoulders, Arms, Wrists, Hands, Fingers, Knees, Ankles, Feet.	Pain, Swelling.	Sweats.	
136.		18.	Sept	Sept.					Joints, Knees, Hands, Feet.	Red Swelling.	Sweats.	
137.		31.	1792 Aug.	July					Joints.	Pain, reduced.	Sweats.	
	138.	11.	Aug.	Aug.				<i>Pbrenitis.</i>	Head, Back, Knees, Legs, Belly, Feet.			
139.			1793 Feb.	Jan.					Hip, Pelvis.		Fever.	
140.			March	March					Hands, Back, Side, Knees, Legs.			
141.		10.	July	July	Wet Feet and Cloaths.	3d.			Feet, Hands, Wrists.	Pain, Swelling.	Chills.	
142.		25.	Aug.	Aug.					Feet, Knees, Wrists.	Pain.	Sweats.	
	143.		Aug.	July					Loins, Thigh.		Chills, Sweats.	
144.			1794 May	April	Cold.	1 hour.			Limbs, Head.		Chills, Sweats.	
	145.	12.	1795 Jan.	Jan.			<i>Rheum. Acutus.</i>		Face, Shoulders, Wrists, Elbows, Ankles, Feet, Hip.	Pain, Swelling, reduced.	Chills, Sweats.	
146.		6.	May	May					Knee.	Pain, Swelling.		
147.			Oct.	July					Shoulder, Knees.	Pain, Swelling.		
	148.	11.	Dec.	Nov.	Cold.				Neck, Shoulders.	Pain.	Sweats.	
149.			1796 April	April	Cold.	5th.			Ankles, Knees, Wrists, Shoulder, Elbows.	Pain, Swelling.	Chills, Sweats.	
	150.		May	May					Feet, Toes, Ankles, Knees, Hip, Hands, Shoulders.	Pain, Swelling.	Sweats.	
	151.	13.	June	May	Cold.				Feet, Legs, Thighs, Arms.	Swelling		
	152.		July		Walking in Fields after Dancing	16 h.			Shoulder, Sternum, Knee.	Pain.		

REMEDIES ORDERED.

Cinchona Ordered.

xxv.	xxvi.	xxvii.	xxviii.	xix.	xx.	xxi.	xxii.	xxiii.	xxiv.	xxv.	xxvi.	xxvii.
Food.	Other Sym- ptoms.	Prior Reme- dies.	V. S. 3	Leech	Sudo- rifics.	Salines.	Anti- mony	Bath.	Day diseas.	Day visit.	Dose.	Rec. or Dd.
	Vomit- ing. Desiri- um.						Pulv. Ant. gr. ii. b. 3.		7th.	1st.	Pulv. gr. v. ad. x. b. 3.	R.
										5th.	Pulv. gr. x. b. 4.	R.
							Pulv. Ant. gr. v. b. 4.		16th.	2d.	Pulv. gr. x. b. 2.	R.
									14th.	1st.	Pulv. gr. x. b. 3.	
							Pulv. Ant. gr. v. b. 4.		5th.	2d.	Pulv. 3j. b. 3.	R.
							Pulv. Ant. gr. v. b. 3.		10th.	1st.	Pulv. g. xv. b. 3.	R.
							Pulv. Ant. gr. iii. b. 4.				Pulv. gr. x. ter die.	R.
							Pulv. Ant. gr. v. b. 4.		15th.	1st.	Pulv. 3j. quater die.	R.
											Pulv. in Aq. Mentb.	R.
							Pulv. Ant. gr. v. b. 10m.				Dec. 3viss. Tind. 3iss. M. 3j. ter die.	
	Desiri- um.	P. A. g. iii. ad xxviii.							8th.	1st.	Pulv. gr. xv. b. 3.	R.
				4.		Spir. Mind.						R.
Infl.				7.			Pulv. Ant. gr vii. b. 10m.		M. iii.	1st.	Pulv. 3j. ter die.	R.
									11th.	1st.	Dec. 3vi. Aq. Men. 3ii. Vin. Ant. g. v. b. 3.	R.
							Pulv. Ant. gr. iv. b. 5.		5th.	3d.	Pulv. 3j. ter die.	R.
		P. Ant. Jac.	x.			Jul. Efferov.	Pulv. Ant. 7. gr. v. b. 4.		8th.	1st.	Pulv. gr. x. b. 2.	R.
					P. A. gr. iv. Op. gr. i.	Spir. Mind. Campb.		B				R.
							Pulv. Ant. gr. ii b. 4.				Pulv. gr. x. b. 2 3ve.	R.

i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.	x.	xi.	xii.	xiii.
Male.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Concomitant Diseases.	Inflamed Joints and Muscles	Pain, Swelling.	Chills, Sweats.	Urine.
153.			1797 Feb.	Feb.	Wet.	3 hours.			Hands, Feet, Elbow.	Pain, Swelling.	No Chills, Sweats.	
154.			April	March	Cotton for Worsted Stocking				Feet, Ankles, Hands.	Pain, Swelling.	Chills, Sweats.	
155.		32.	May	April	Exposure to Cold Air when Sweating				Feet, Ankles, Knees, Shoulders, Hands, Hips, Wrists, Elbows.	Pain, Swelling.		
156.		50.		May					Limbs, Side.	Pain, Swelling.		
157.			June	April					Fingers, Wrists, Knees, Elbows.	Pain, Swelling.	No Sweat. No Fever.	
158.	52.		July	Oct.					Limbs, Back.	Pain.	Chills, Burning.	Red
159.		22.	Nov.	Oct.	1st, wading 1 day, 2d, Wet Feet.		Rheum. Acutus.	Catarrhus.	Ankles, Hands, Knees, Hips, Back, Shoulders.	Pain, Swelling.	Chills, Sweats.	Red
160.			Nov.	Nov.					Back, Elbows, Fingers, Feet, Knees.	Pain, Swelling.	Chills, Sweats.	
161.			1798 Jan.	Jan.					Knees, Ankles, Wrists, Neck.	Pain, Swelling, Redness.	Sweats.	
162.			Feb.	Jan.	Cold caught.	56 hours.	Rheum. Chron.		Hips, Shoulders, Knees, Ankle, Hand.	Pain, Swelling.	Sweats.	
163.	62.		Feb.	Jan.					Rheumatism.			
164.		18.	Nov.	Oct.	Damp Bed after Dancing	5 li.			Ankles, and other Joints.	Pain, Swelling.	Sweats.	
165.			1799 April	Jan.			Pogadra.	Podagra.	Back, Lrins, Hips, Ankles.		Chills, Sweats.	
166.			1800 Sept.		Sitting in a current of Air when Sweating	$\frac{1}{2}$ h.			Neck, Knees, Back, Sternum, Thighs.	Pain.	Chills, Sweats.	Red
167.			Nov.	July				Tussis.	Ankles, Legs, Thighs.	Pain, No Swelling.	Cold, Not Chill.	
168.			Dec.						Ankles, Knees, Shoulders, Hips.	Pain, Stiffness, Swelling.	Sweats.	
169.			1801 Sept.	Aug.			Rheum.	Nephritis.	Loins, Shoulders, Hips; no other Joints.		Chills, Sweats.	
170.			1803 July				Influenza.	Tussis.	Shoulders, Back, Wrists, Feet, Arm, Thigh, Knee Hips, Neck, Legs.	Pain, Swelling.	Chills, Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

xiv. | xv. | xvi. | xvii. | xviii. | xix. | xx. | xxi. | xxii. | xxiii. | xxiv. | xxv. | xxvi. | xxvii.

Pulse.	Blood.	Other Symp- toms.	Prior Reme- dies.	V S. 3	Leech	Sudo- rinicks.	Salines.	Anti- mony	Bath.	Day disca.	Day visit.	Dose.	Rec. or Dd.	
78										1st.	1st.	Pulv. gr. xv. b. 3.	R.	
84		Deliri- um.								15th.	1st.	P. g. x. b. 3. R D. 3 ijs. Tind. 3 j. P. g. x. b. 3.	R.	
84								Pulv. Ant. g. vii b. 4.		28th.	1st. 6th.	Pulv. ̄ ad 3 fs. quater die.	R.	
120					6			Pulv. Ant. gr. v. b. 1.		22d.	2d.	Pulv. gr. x. ad xv. b. 3.		
								Pulv. Ant. Jac.				Pulv ̄ j. ter die.		
										63d.	1st.	Pulv. gr. x. ad xv. ter die.		
80 84				viii. x.		P. Ant. Opio.	H. Efferu.	Pulv. Ant. g. iv. b. 1.			2d.	Pulv. g. xv. b. 4.	R.	
84								Pulv. Ant. gr. v. b. 4.						
120								Pulv. Ant.		17th.	1st.	Pulv. gr. iii. b. 3.		
								Pulv. Ant.		5th.	2d.	Pulv. gr. x. b. 4. Pulv. g. xv. b. 2.	R.	
								Pulv. Ant. gr v. b. 4.		21st.	1st.	Pulv. gr. xx. b. 4.		
108				P. S. bis. P. Ant.						B		Dec. 3 ijs. Pulv. g. xii. quater die.	R.	
84				P. S. bis. P. Ant.				Pulv. Ant. gr. ii b. 4.		3 M.	3d.	Dec. 3 ijs. Tind. 3 ii. Eg.	R.	
80					4.		Spir. Mind. Campb.	P. A. g. iii. b. 4.			2d.	Pulv. gr. x. ad xv. b. 6.	R.	
84 96 108							H. Efferu.			B 92				
92				vi.	7 6			Pulv. Ant. gr. iii. b. 4.		150th.	1st.	Dec. 3 ii. Tind. 3 ii. P. g. x. ter d.	R.	
				Quar- sit. P. Ant.			H. Efferu.	Pulv. Ant.		B	40th.	1st.	Dec. 3 ijs. Pulv. gr. v. quater die.	R.
76							H. Efferu.	Pulv. Ant. gr. ii. b. 4.				Pulv. g. x. b. 3. lads. Pulv. g. xv. b. 3.	R.	

II^d TABLE.

REFERENCE TO PAGE 28.

Age of Patients in Acute Rheumatism.

Ages.	Males.	Females.	Total.
0—5	1	1	2
6—10	3	2	5
11—15	1	4	5
16—20	10	4	14
21—25	8	1	9
26—30	1	3	4
31—35	3	0	3
36—40	1	2	3
41—50	3	6	9
51—60	2	2	4
61—70	1	3	4
72	1	0	1
	35	28	63

III^d TABLE.

REFERENCE TO PAGE 22.

In what months the Acute Rheumatism prevails.

	First Visit. Patients.	Disease Began. Patients.
December - - -	18	16
January - - -	18	21
February - - -	12	11
March - - -	16	9
April - - -	19	18
	<hr/>	<hr/>
	83	75
May - - -	14	11
June - - -	13	11
July - - -	15	14
August - - -	12	5
September - -	10	8
October - - -	10	13
November - -	12	13
	<hr/>	<hr/>
	86	75
	<hr/>	<hr/>
Total - -	169	150
	N	

IVth TABLE.

REFERENCE TO PAGE 29.

The Latent Period of the Acute Rheumatism ; being the time which elapses between the exposure to cold and commencement of the Fever.

1st Table.		No. of Cases.		Hours.	
No. 166	- -	1	- -	1	
144	- -	1	- -	1	
153	- -	1	- -	3	
110 } 164 }	- -	2	- -	5	
76 } 126 }	- -	2	- -	6	
132	- -	1	- -	12	
152	- -	1	- -	16	
95	- -	1	- -	30	
162	- -	-	- -	56	
				Days inclusive.	Hours.
82	- -	1	- -	2d. being less than	48
65 } 73 } 89 }	- -	5	- -	3d. being less than	72
133 } 141 }	- -	2	- -	4th. being less than	96
71 } 108 }	- -	1	- -	5th. being less than	120
149	- -	1	- -		

Vth TABLE.

REFERENCE TO PAGE 30.

Preceding and Concomitant Diseases.

GENERA.	Preceding Diseases.	Conco- mitant Diseas.	GENERA.	Preceding Diseases.	Conco- mitant Diseas.
*1 Quotidiana - -	1	4	40 Catarrhus - -	1	6
5 Typhus - - -	0	1	40 α Tussis - - -	1	3
9 Phrenitis vel De- lirium - - -	0	16	40 β Influenza - -	1	0
10 Cynanche - - -	5	0	41 Dysenteria - - -	0	1
11 Pneumonia - - -	0	1	44 Syncope - - -	0	5
19 Nephritis - - -	1	2	44 Languor fere ad deliquium - - -	0	1
22 Rheum. Acutus	6	0	45 γ Vomitus - - -	0	2
—— Chronicus	3	0	50 Convulsio - - -	1	1
22 β Ischias - - -	0	1	55 Asthma - - -	1	0
22 δ Cephalalgia - -	0	1	56 Dyspnœa - - -	0	3
24 Podagra - - -	3	3	61 Diarrhœa - - -	1	6
24 α Nodositas - - -	2	1	63 Hysteria - - -	0	1
26 Erysipelas - - -	0	1	75 Anasarca - - -	0	1
31 Miliaria - - -	0	9	76 Phlegmatia do- lens - - -	0	1
33 Urticaria - - -	0	1	79 Ascites - - -	0	1
35 Aphtha - - -	0	1	91 Icterus - - -	0	2
35 α Purpura - - -	0	1	123 Dysuria - - -	0	1
36 Epistaxis - - -	1	2	124 Ischuria - - -	0	1
37 Hæmoptysis - - -	0	1		—	—
37 α Phthisis - - -	1	1		6	36
31 Menorrhagia - - -	1	1		24	50
39 δ Hæmaturia - -	0	2		—	—
	—	—		30	86
	24	50			

* The numbers prefixed to the *Genera* refer to CULLEN'S Nosology; and the Greek letters denote the varieties which I have annexed to these *Genera*.

VIth TABLE.

REFERENCE TO PAGE 34.

The Joints and Muscles inflamed by Acute Rheumatism.

Joints.	Cases.	Muscles.	Cases.	Cases.	
Knees - - -	72	Legs - - -	21	Teeth, Gums	2
Shoulders - -	43	Head - - -	20	Ilium - - -	1
Ankles - - -	42	Chest, Breast,		Pelvis - - -	5
Hands - - -	38	Thorax - - -	20	Limbs - - -	8
Feet - . -	38	Thighs - - -	20	Wandering -	4
Wrists - - -	36	Arms - - -	12	General - -	2
Hips - - -	31	Side - - -	6		22
Back - - -	26	Belly - - -	3	Joints - - -	411
Neck - - -	16	Epygastrium -	2	Muscles - -	112
Loins - - -	14	Hypochondre	2		545
Elbows - - -	10	Face - - -	3		
Fingers - - -	9	Eye - - -	1		
Heel - - -	4	Throat - - -	1		
Toes - - -	2	Groin - - -	1		
Ham - - -	2				
Joints - - -	28		112		
	411				

VIIth TABLE.—THE PULSE.

REFERENCE TO PAGE 40.

Number of Pulse.	Cases.	Number of Pulse.	Cases.
52 - - - - -	1	96—107 - - - -	29
60—71 - - - -	5	108—119 - - - -	13
72—83 - - - -	15	120—125 - - - -	15
84—95 - - - -	23	126 - - - - -	1
	44		58
			44
			102

A CLINICAL HISTORY
OF THE
NODOSITY OF THE JOINTS.

A CLINICAL HISTORY
OF THE
NODOSITY OF THE JOINTS.

PART SECOND.

I. **T**HE term *Rheumatism* has been applied without sufficient discrimination to a great variety of disorders, which, besides pain, have but few symptoms that connect them together.

A case happened to occur to my observation at a very early period, which, compared with others at subsequent times, convinced me that there is one painful and troublesome disease of the joints of a peculiar nature, and clearly distinguishable from all others by symptoms manifestly different from the Gout, and from both Acute and Chronick Rheumatism.

II. It

II. It is now (1812) about 33 years ago that I wrote a description of this disorder in a paper which was read to my very ingenious and much-lamented friends, the late Dr. PERCIVAL and Dr. DOBSON, at Warrington; where for fourteen years we used to meet from Manchester, Liverpool, and Chester, four times a year, in order to explain our professional difficulties and success, and to consult together what might be the best remedies for such dangerous disorders as had occurred in our practice. My paper on this subject has since been communicated to the late Dr. WALL of Worcester, Dr. FALCONER, and, as opportunities offered, to many other medical friends.

III. This disease, which I think may properly be denominated *Nodosity of the Joints*, has occurred to my observation in thirty-four out of *ten thousand five*
hundred

hundred and forty-nine patients, or one in three hundred and ten. (p. 14.)

IV. These Nodes are almost peculiar to women, and generally begin about the period when the Menses naturally cease.

Out of the 34 cases, there was only one man. His age is not noted, but he appeared to be between 50 and 60 years old. He ascribed the complaint to a fall that had violently strained his wrists and fingers, which were the only seat of the Nodes in this case. But in the female constitution it is seldom confined to so few joints.

Only 3 out of 33 women had Nodes during the period of regular menstruation. The ages of these patients are not noted; two of them appeared to be between 30 and 40. One of them had suffered 12 abortions, but her Menses had

had become regular for six months previous to the commencement of this disease. The third patient seemed to be near 50 ; in this case, the Nodes appeared 3 years before menstruation had ceased.

V. All the 34 patients (except 2 above mentioned) were above 41 years old. In some, the Nodes appeared as soon as the Menses became irregular; in most instances at the time when they ceased ; in a few, several years after this period. The most common date of their commencement was when the patients were between 51 and 60 years of age ; but two cases of Nodosity are recorded, which began after this late period of life.

VI. The most correct idea of the seat of this disease may be formed from a

Synoptical

*Synoptical View of the Joints affected
by Nodes.*

Joints.	Patients.	Joints.	Patients.
Fingers	13	Shoulders	4
Hands -	7	Neck - -	3
Wrists -	9	Elbows - -	3
Knees - -	10	Hips - - -	3
Feet - - -	6	Heel - - -	1
Ankles - -	6	Leg - - -	1
	<hr/> 51	Joints - -	8
			<hr/> 23
			51
			<hr/> 74

Hence it appears that the Fingers are principally affected. Besides the 13 cases where they are distinctly noted, most probably all the others, where Hands and Joints in general are only named, include the Fingers.

Out of the 34 cases, I find two where the Knees only were attacked ; in all, or
in

in nearly all the rest, the Hands, chiefly the Fingers, were probably affected.

As far as my experience teaches, this disease seems not at all to affect the Muscles; for though the Leg is once mentioned, yet, in the same case, the Feet and Ankles are noted, whence pain might strike up the leg.

VII. Printing the Tables, especially the first Table of *Cases of Acute Rheumatism*, has been so tedious and troublesome a business, that in this, and probably in future Clinical Histories (if any should appear) no more such Tables may be published. However, the reader may be assured that it is my aim that all my observations should be founded on facts, faithfully and impartially recorded, and systematically arranged, with as much accuracy as circumstances would permit.

No

No vague gratuitous remark is or will be hazarded.

Indeed I cannot understand how conclusions can be so well deduced from facts, as when they are classed in a tabular form. The Tables on the preceding pages may be passed over by some readers, as affording but little entertainment or instruction; but I do not regret that I have printed them; as they exhibit *Proofs* and *Illustrations* of the frequency of symptoms, and the degrees of success with which the remedies have been administered, with more accuracy than any other arrangement with which I am acquainted.

VIII. In this disease the ends of the bones, the periosteum, and ligaments, one or all, which form the joint, gradually increase. These Nodes are not separate tumours, but feel as if there were an enlargement of the bones themselves. This
point

point might be anatomically ascertained without any difficulty or doubt.

These diseased joints generally suffer pain, especially at night, but in a less degree than might be expected from such a considerable morbid change. They often feel sore to the touch. In one case, the patient was attacked with severe spasmodick pains. As the disease increases, the joint becomes distorted, and perhaps, in bad inveterate cases, even dislocated; its motion becomes gradually more injured. In a few patients a crackling noise was perceived in the joint, when in motion, particularly in the neck. The skin seldom or never appears inflamed.

XI. This disease has hitherto passed under the name of Gout or Rheumatism, or perhaps has been most commonly called Rheumatick Gout. But, as several advantages would result from a separation
of

of this disorder from others with which it has been confounded, I have ventured to call it the *Nodosity of the Joints*. Under this application, as a distinct *Genus*, it will become a more direct object of medical attention.

The Nodes appear most nearly to resemble Gout. Both of them are attended with pain and swelling of the joints: but they differ essentially in many distinguishable circumstances. 1. In the Gout, the skin and other integuments are generally inflamed, as denoted by pain which is often acute, soreness to the touch, redness and swelling of the soft parts, but in no respect like the hardness of bone. 2. The Gout attacks the patient in paroxysms of a few days, weeks, or months, and has complete intermissions at first for years, but afterwards for shorter periods. 3. The Gout attacks men much more frequently than
women

women. In all these 3 circumstances the Nodes entirely disagree with the Gout.

These Nodes are clearly distinguishable from Acute Rheumatism, because they are not attended with Fever. The tumour of the joints is much harder, more durable, and less painful than the Nodes. They are totally different from Chronick Rheumatism, because the latter chiefly affects the muscles, and is seldom attended with any swelling of the affected parts.

This observation was published in the first Edition. I can now confirm it by Facts which I had recorded, and have since more accurately examined. In order to determine how far my recollection relative to this point was true and accurate, I examined the 300 cases of Chronick Rheumatism before mentioned (§. I.) Out of this number there were only 14 Cases in which it was noted that
the

the pained part was swelled. Upon more accurate examination, even these 14 cases did not appear to be Chronick Rheumatism. After an attentive consideration of the symptoms, they were all more properly classed either as Gout or Acute Rheumatism, or Nodosity of the Joints respectively. In a collection of medical papers which is soon to be published by a Society of very learned Physicians, I have morefully entered into an explanation of these circumstances.* So that, as far as my own experience is conclusive, it may be inferred, that the seat of Chronick Rheumatism is never swelled. Does not this appear to be a sufficient reason why the Nodosity

* While this page was in the press, I had the satisfaction to receive a proof sheet of my paper on the discrimination of Chronick Rheumatism from other painful diseases of the joints and muscles, to be published in the 4th vol. of the Medical Transactions by the Royal College of Physicians.

of the Joints ought to be separated from Chronick Rheumatism?

In two or three cases, the Nodosity appeared to alternate with a Colick of the Stomach, *Gastrodynia*; and in one instance with an *Asthma*. If these few examples of the translation of the disease to and from the viscera be confirmed by future observations, they would prove that the Nodes were in their nature more allied to the Gout than Rheumatism.

They bear a nearer analogy to the former than the latter disease in another circumstance. They more commonly attack persons in the higher and middle, than in the lowest class of life. However, it is not exclusively a disease of any rank. I have seen it, though seldom, among the patients of the Chester Infirmary. But this remark is founded on general recollection, not an induction from facts, as I have not yet classed the
cases

cases of these patients under their proper genera; otherwise the comparative frequency of the disease might be more nearly ascertained.

I do not recollect that, in cases of Nodes, any notice is taken of that pink-coloured sediment in the urine, which appears in Gout, and in Acute Rheumatism.

REMEDIES.

X. It is proper to observe that, out of the 34 patients above-mentioned, only 18 used any remedy for the Nodes; the other 16 cases were combined with more serious disorders, which claimed preferable attention.

For this complaint I have ordered *Guaiacum* in 10 cases; *Cinchona* in 9; Leeches in 9; Warm-Bathing and Pumping at Bath in 9, at Buxton in 2; Vapour-Bath

pour-Bath in 2; Sea-Bath in 1; Antimony in 5; Mezereum, Aconite, and externally *Oleum jecoris aselli cum Camphorâ*, and bootikins, in one case each.

As the Nodosity of the Joints has not hitherto claimed the particular attention of medical men, we cannot reasonably expect that a full trial should have been made of the remedies best adapted to remove or alleviate its symptoms.

XI. As far as my experience extends, most benefit was derived from the Warm-Bath, and a stream of warm water, with repeated application of Leeches, on the diseased joints.

In several very bad cases, these remedies afforded manifest relief. The Leeches appear to be an important part of this mode of treatment. In one of the worst examples of this disease which I have seen, above-mentioned, (viii. p. 157,) where

where near 40 joints were affected, the benefit of Leeches could not be obtained; as they always occasioned a painful inflammation of the skin near the wounds. But, even in these untoward circumstances, there was no reason to suspect that this inflammation of the skin had any injurious effect upon the joints. However, it unavoidably prevented the repetition of Leeches. This patient had 17 Warm-Baths, 15 Vapour-Baths, and 12 dry Pumpings; but her diseased joints were so numerous that the last remedy could be only employed to a few of them. By this mode of treatment she experienced relief; but in so formidable a disease, which for ten years had been constantly increasing with uncommon rapidity, the trial was inadequately made for too short a time. It should have been continued for many months or even years. If these remedies

dies had been much longer used, and especially if their efficacy could have been assisted by Leeches, better success might have been expected. She afterwards made a trial of Sea-Bathing, which afforded no relief.

XII. In one case, immediately after the cessation of the Menses, Nodes of the Fingers and Knees had commenced, and continued to increase for four years, with tumours which occasioned an apparent distortion of the joints, and considerably impeded their motion. This patient received manifest advantage from the Warm-Bath, pumping the diseased joints, and repeated application of Leeches to them. After an absence of five years, I had the satisfaction to see this Lady return to Bath, perfectly free from every symptom of Nodosity ; and without the least suspicion that any other
disease

disease had been substituted in its place. It is however proper to say, that she had, with the external remedies above-mentioned, also drank the Bath water, and taken *Guaiacum*.

XIII. If Warm-Baths and a warm Douche on the Nodes afford benefit, they might perhaps be employed with most advantage at Bath or Buxton ; but many valuable Matrons, afflicted with this disease, cannot conveniently leave their own homes, and desert their domestick duties. Without considering the question what superior advantages these naturally warm Fountains may possess, I should advise such patients to use a Bath at 92 up to 96 degrees of heat for 10, 15, 20, up to 30 minutes, every other day. Let a Douche of water from 105 to 113 degrees of heat fall upon the Nodes for four or five minutes (being equal

equal in time to about 200 strokes of the pump) every day, out of a vessel of a sufficient capacity for the purpose. If, as is probable, the force with which the warm stream is usually impelled upon the affected part, be conducive to its salutary effects, even this advantage might be obtained by a moveable pump, or by placing the vessel about 10 or 12 feet high, and conducting the current through a proper pipe upon the Nodes.

However, as so little knowledge has been practically ascertained upon this subject, I should advise an attentive and comparative trial of Bathing, and Douching, at different temperatures, from 81 to 113 degrees of heat, always following the patient's report, what warmth agrees best, and is of most service in alleviating the pain, swelling, and impeded motion of the joints.

XIV. It may be difficult to give any specifick directions in respect to Lecches, as to their number and the frequency of their application. These points should be regulated according to the magnitude of the disease and the strength of the patient. In bad cases, from 4 to 10 might be used with advantage to the affected joints once or twice a week. In one of the worst cases of this malady, which has occurred to my observation, Leeches were occasionally applied for several years, so as to alleviate the disorder.

In describing the Nodosity of the Joints, I have noted (p. 160) some circumstances in which it seemed to have nearer resemblance to Gout than Rheumatism. When made the particular object of medical attention, it will not, I hope, be found to bear a still more interesting similitude to the former, in
P the

the difficulty of discovering efficacious remedies to cure or relieve it.

XV. A justly-celebrated Physician has published an excellent Essay on the "*Management proper at the cessation of the Menses,*" in the 5th volume of the *London Medical Observations and Inquiries*; yet takes no notice of the Nodosity of the Joints, as connected with this change in the female constitution. But, in this Clinical History of Diseases, my aim is to relate what my own practical experience has suggested. It is no part of my plan to repeat what others have written, much less to criticise the works of medical authors. Indeed a comparative view of facts, accurately recorded by different observers, might afford much useful instruction; but, my time being otherwise engaged, I cannot enter into these disquisitions in such a manner as
would

would give satisfaction either to the reader or myself.

XVI. There is one distressful circumstance which distinguishes this disease. It has no intermission, and but slight remissions. For during the remainder of the patient's life, the Nodes gradually enlarge, impeding more and more the motion of the limb. The malady spreads to other joints, without leaving or producing even any alleviation in those which had been previously attacked. In one case, I find that the fingers, wrists, knees, ankles, elbows, shoulders, neck, and hips, were all affected with this disease at the same time, that is thirteen joints, exclusive of the numerous joints of the hands. If each individual joint of the hands had been taken into the account, they would have amounted to above three times the number, perhaps not fewer than

40. The malady had been constantly advancing for ten years. These Nodes, in their gradual progress, sadly embitter the comforts of life ; but I know no instance in which they seemed to shorten its duration. The first patient whom I saw in this disease lived to about 93 years of age.

This faithful picture drawn from nature is here exhibited to excite the compassion and exertion of my professional brethren to prevent, if possible, so distressful a malady at its commencement. As the Nodes at first produce but little pain or inconvenience, and are seldom or never dangerous, they rarely excite the notice which they deserve, and would obtain, if the patients were fully aware that this insidious disorder would continue for life, and would make every future day more uncomfortable.

FINIS.





